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ART. I.—*Malaria and its Manifestations in Sussex County, Del.* By D. W. MAULL, M. D., of Georgetown, Delaware.

IN the October No. of the REPORTER, we gave some of the results of our observations upon the developments of malaria in this county. It is our design now to continue this theme in the same discursive manner, by offering a few additional remarks bearing upon the point in question. But our inquiries, in this paper, will be directed more especially to the consideration of the mill-ponds, that we may investigate the operations of the elemental principles of our bilious diseases, as they are modified by these low and submerged grounds.

The mill-ponds in our county are one hundred in number, and may be estimated to average fifty acres to each pond, thus making, in the aggregate, five thousand acres of ponds. The county itself embraces an extent of about six hundred thousand acres. The fact of such an extent of submerged land of this nature, affords abundant reason why our mill-ponds may be regarded chiefly as the *fons et origo* of the greater portion of our bilious diseases.

Experience has demonstrated fully that these ponds are not productive of disease, even in the summer or autumn, so long as they are full—so long as there is a good supply of water in them. Under these circumstances, there is no flat nor low ground left exposed to the sun's rays, reeking, and emitting its noisome vapors. It is only when the water has found an exit through the gates, or has evaporated, and has become low, and the flats, as a consequence, exposed, that sickness may be expected to ensue. And, again, these ponds may be low, and not much sickness

result; it is necessary that they should be well filled the early part of the season; then, should the volume of water in them sensibly diminish, we may anticipate sickness. But, if they remain dry during the spring and summer, they do not modify health to that extent that they would were they to be filled the early part of the season, and then be exhausted. These propositions, general observations upon the subject will strengthen and confirm.

The town of Milton is situated upon a creek of that name, which has its source in that vicinity. Before a dam was thrown across the stream, there was a considerable amount of flat lands submerged, and then exposed, by the action of the tides; much sickness was the inevitable result. But after the formation of a dam, a pond was formed not subject to tidal influences; the low, flat lands were kept covered, and the health of the town has been materially improved since.

The town of Laurel, similarly situated, suffered from a cause of an analogous nature. A low, marshy, boggy ground, covered with bushes, skirted the creek, and was overflowed, and then left bare, by the same influences, the *detritus* being deposited along the shore, to be wrought, by solar influence, into material for disease. These low grounds were raised by artificial means, the bushes cut off, and wharves formed, and the consequence was an evident improvement in the sanitary condition of the town.

In the summer and autumn of the year 1832, a mill-pond, about five miles west of this town, was rather low, the flats being exposed. A great amount of sickness occurred in the neighborhood. A sufferer, living in the immediate neighborhood of the pond, was advised to give free exit to the remaining water, by removing the gates which confined the water. He was apprised, however, of the fact that the consequence of this measure would be an increased amount of sickness for a short time, because of such an increased amount of area being exposed. This was accordingly done, and, as was predicted, for a limited period, the disease acquired fresh vigor, but soon ceased altogether.

Persons living upon that side of the pond over which the south wind is most apt to blow are more liable to bilious affections than those living on the south side. Hence, by removing a few rods in another direction, they may experience a beneficial change.

Persons who have remained in the full enjoyment of health in this town, or at any place elevated or remote from infected regions, by removing to any of the towns situate upon the creeks which derive their origin from the large mill-streams in the vicinity, are peculiarly liable to contract diseases of a malarial source. The children that had previously been in good health become sickly, and soon wear that aspect so well known to result from a residence in places of that character. The persons who have become acclimatized to these malarious localities, are not so apt to be invaded as those removing to these places. Yet no length of residence invests a man with entire exemption from these attacks, since they are frequently seen laboring under the disease, from having unduly exposed themselves.

Again—persons removing in the summer from our town to the vicinity of a mill-pond, are very liable to an attack of bilious fever. This is frequently witnessed. By remaining in town, they enjoy a comparative immunity; but so soon as they come within the sphere of the influence of any of these ponds, they are divested of this immunity. Our towns, however, do not enjoy the same freedom from these bilious fevers that large cities do. There appears to be something in the latter which neutralizes the malarious poison, as smoke and the numerous fires kept up; or the gaseous substance has not such free scope; but more likely the former. These counteracting influences our towns do not possess. That smoke and fires are, in part, possessed of these qualities—*i. e.*, that of neutralizing and rendering inert the poisonous malaria—may be supposed from the fact alluded to in our first essay on this subject. We saw there, that along the banks of the Pocomoke, where we would most reasonably look for this noxious agent, a locality which would be regarded as a malarial one—a region which, from its surroundings, might be supposed to feel sensibly the ravages of these fevers every season; we observed that nearly every ingredient entering into the formation of a malarious atmosphere, might be found there—everything to develop diseases of this nature; we saw that the channel of this stream was narrow; the flat lands skirting either bank extensive; these flat lands first submerged, and then exposed by the water running off; the stream sluggish in its course; the foliage falling into the water, from the large trees shading its banks; and the

rapid production and decay of vegetable matter; all conspiring, in accordance with the ordinary laws for the production of disease, to favor the elimination of morbific elements: but, notwithstanding all these favoring agencies, we learned that bilious fevers were not more rife in that locality than in others having apparently fewer prejudicial influences to operate upon the health of the community. Where there are sufficient forces, as we should at first sight suppose, to form the elements of a Pandora's box, we find Hygeia as beneficent in her favors as in other spots. The immense volumes of smoke sent forth in the summer season from the fires in the cypress swamps, counteract, as it were, these otherwise deleterious products. What better evidence do we want that large fires and clouds of smoke purify the air by neutralizing the noxious particles than this? If additional evidence is required, we can adduce it by the following statements, which, we think, will go to show that there is a protection afforded by fires and smoke against the inception of the malarious poison in the system. "Camp meetings" during the entire month of August and the early part of September, are very common in this county; and, later in the season, "woods meetings" are frequently held at night. These are the seasons when the harvest of our bilious fevers may be expected to be reaped; and although these religious assemblages are held nearly a week at a time, it is seldom that we can see any sensible increase of bilious diseases from this source. We have closely observed if any change should be made apparent in the health of the community, that could be charged to these convocations, but have never yet succeeded. This is also applicable to the night meetings which we have known to be held, in October, in the woods, for several successive nights, and in the immediate vicinity of an old mill-pond. After carefully watching the results of these meetings, we have seen no serious physical effects. This exemption from malarial disease, while being freely exposed to its sources, and, as it were, inviting its presence, can be attributed to nothing else but the pine-knot fires kept burning constantly. These assemblages are not productive of the same amount of injury to health as, at first sight, one would suppose. The prejudicial effects of sitting at night, in the damp air, and in the fogs and dews, for which these poisonous principles of the atmosphere possess an affinity, and to which they become attached,

are counteracted by the large fires of "light wood" kept glowing at night continually upon the encampment, the heat radiating itself, displacing the morbific particles of the atmosphere, and otherwise purifying the surrounding air, by dissipating the dampness attendant upon these seasons of the year. In fine, comparatively little "bilious," so far as we can learn, ever results from these occasions.

The foregoing, brought forward to establish a fact so patent to many, may be considered superfluous, but it was within our province, while treating of the operations of malaria, and we accordingly adduced it.

In the fall, sometimes, there is scarcely any one who does not feel more or less indisposed; a general feeling of *malaise* takes possession of the greater proportion of the community, lassitude, weariness, pains, not amounting to a bilious attack, but stopping at the premonitory symptoms.

The occurrence of the first frost with us does not have the effect of causing a cessation of our bilious affections, neither do they abate any of their force or frequency upon its occurrence. They, upon the contrary, continue upon the increase for a short period. Subsequent frosts are required to put an entire stop to them. Witness the following: these diseases did not prevail to any marked extent in this town, in the fall of the present year, until after the first frost, which occurred on the night of the first of October. Very little bilious had appeared in our town previously. About this time the winds were alternating from south to east, &c. The intermittent fever at that period was becoming more frequent than it had been during the season; it began to predominate in its frequency over the remittent, and was much more general. This fact of its general prevalence from the 1st to the 18th of October, shows that it is the mildest form of malarious fever, and that the miasm was becoming much more mild, and less intensified in its action; that the poison was not so efficient, as it could only produce this form of disease chiefly, and was scarcely of sufficient force as to occasion remittent. The occurrence of intermittent fever at that particular period, after our first frost, was an evidence that our malarial diseases were abating, as the mildest form of the disease was then almost exclusively prevailing.

The confinement of the chills to the neighborhood of the mill-ponds in the county about the middle of the month, was another evidence that our bilious was relaxing its hold, as it was only in those localities that the malaria was of sufficient force to develop any other form of the disease.

The intermittent may continue to present itself after the frosts have destroyed the vegetation, and the malaria has ceased to be evolved, but it, in no wise, owes its existence to any fresh accessions of the poison, but rather to the latent germs within the system, placed there by the previous season, and developed by a cold and variable atmosphere. These germs had been implanted previously.

With us, at the present day, there is a more decided tendency in the bilious remittent and dysentery, to assume the typhoid type than formerly. We now frequently observe the former, especially in the old and relaxed, and those weakened by dissipation and other causes, taking on some of the characteristics of the typhoid and some of its features, to make it the more formidable in its aspect, such as dry and black tongue, relaxed bowels, and a profound stupor, and as a consequence, tending to a protracted course of the disease.

Dysentery is also liable to assume this form, much more so than in earlier times. Our other diseases also, at times, present some of the features of the typhoid. Why there is such a disposition to wear this livery, we are unable to say, but should be inclined to refer it to a modification in the malarious principles of disease, since it is apparent that this change in their tendency cannot be charged to non-natural causes. Our bilious remittent or dysentery, we may here say, seldom initiate themselves with true typhoid symptoms, but assume them as the disease advances, and the patient becomes weakened.

As to a pernicious intermittent, as we have before remarked, it is very rare; the only cases that we have ever seen have been in the immediate vicinity of the large ponds.

The fact of our exemption in this county from those violent diseases of a presumed malarial origin, as epidemic cholera and yellow fever, and the occurrence of the more mild affections of this nature modified by climate, would go to demonstrate that our malarial poison is not very highly concentrated; we have

diseases of various grades, but none to approximate cholera or yellow fever in intensity.

In our former dissertation, we alluded to the antagonistic principle existing between our bilious fevers and dysentery. It would appear that an epidemic of the latter occurring with us in the summer season, has the effect of exhausting the morbific principles of the atmosphere to such a degree, as to leave no *materiel* from which our bilious fevers could be eliminated. There is apparently an absorption of those prejudicial elements that usually conspire to the formation of disorders of this nature. The pabular matter is expended by the dysenteric epidemic in the summer; the material is wrought up, as it were, and no elemental principles of our later fevers left—they have been absorbed by the previous epidemic. There is a certain condition of the atmosphere which establishes a supply of morbific material, upon which our bilious fevers and dysentery can draw, as from a common reservoir, but which cannot furnish both disorders with the elements of their power and manifestation at the same time. If the latter affection in the early part of the season prevails extensively, and, *ergo*, requires an abundant supply of generative principles, there is nothing left out of which the former can be formed; the reservoir has been previously exhausted. But if, on the other hand, no dysentery should occur, abundant matter is constantly forming from which our bilious can derive its source, as there has been no drain upon that source.

This appears to be the respective natures of these two diseases, thus fancifully represented. Why there should be an antagonism between them—why one cannot display its power and force when the other is manifesting itself—and why a prior visitation of one, in a great measure, forestalls the presentation of the other, subsequently—we are unable to explain. We only know such appears to be their character, and can only refer these features to some inexplicable law of the atmospheric constitution. This is our only solution of the difficulty; for we cannot seek it in any law governing the growth and decay of vegetable matter; for we see them undergoing these processes during the entire season, and can discern no reason why the malaria should not be instrumental in developing bilious fevers in the fall, if dysentery has occurred in the summer—why the latter should pre-occupy the place that

the former would otherwise take. The operations of Nature have developed a certain amount of malaria, the inherent tendency of which is to effect certain departures from health. If this agent of morbific tendencies, is wrought up, as it would seem, by diseased actions of a certain specific character, no plastic material is left for the formation of disorders of a somewhat analogous nature, that might be disposed to ensue subsequently.

There is evident, in all these operations, a compensating principle, the function of which is, not to admit of the simultaneous appearance in our midst of two different orders of diseases, nor their extreme prevalence the same season.

Such are the operations of this agent that we have been considering—so far as a limited practice, with careful observations, would enable us to investigate—and such the deductions therefrom.

December, 1857.

Art. II.—*On Typhoid Fever.* By R. Douglass, M. D., Woodstock, Va.

It is to be deeply regretted, after all that has been written upon typhoid fever, and while its diagnosis has been well established and thus distinguished from all other diseases, even from typhus —to which, as its name imports, it bears, at least in some respects, a strong resemblance—that it should still be treated by the medical profession empirically.

Should not every regular practitioner put forth powerful and ceaseless efforts to have the disgrace removed from so dignified a profession?—a profession whose established principles are the result of the experience and observation of men of the most gigantic intellects, and whose long line extends through many centuries past.

Neither time nor space will permit us to enter upon the history, detailed diagnostics, &c., of this fever, nor can it be deemed necessary in this connection, especially as this ground has been well trodden by others, and as our chief object is to elicit more light upon the parts that are still obscure. We do not, however, expect such a flood of light as will give us the "why and the where-

fore" of everything relating to the pathology of the disease; for, after all attempts to render its *modus operandi* apparent, there will be some things still left in total obscurity. But, while we acknowledge our want of capacity to know all that we could desire to know, we would still aspire after such a degree of knowledge, at least on some points, as may lead to a more scientific and rational mode of treating cases of typhoid fever.

Among the predisposing causes of this disease, we consider the epidemic influence the *chief*, all others being *indirect*. To this conclusion we are brought from the fact that solitary families, healthy as well as cleanly in their habitations and persons, have, during the prevalence of such epidemics, taken the disease. Let not this, however, be understood as levelled against the sanitary measures adopted and recommended by our medical brethren, and followed out by our municipal authorities in towns and cities; for it will be admitted that there are circumstances which tend to increase the effete matters of the organism by preventing, through exclusion of the only means of oxidation, the eliminative process, and therefore, by the consequent carbonization of the blood, will predispose the system to attacks of zymotic diseases.

From the statements made, the reader will have anticipated what we will now advance, viz., that, though this is not the age of humoralism, we are, nevertheless, inclined to believe that the disease under consideration is a humoral disease. In it the blood is rendered abnormal by the induction of a specific poison through the influence of an epidemic atmosphere. And as by the general circulation the morbific matter is diffused, the glands of Peyer generally become—somehow, we know not why—preferentially invaded, and in the progress of the inflammation thus thrown up, diarrhœa frequently sets in.

Do not individuals know when the epidemic influence begins to affect their system? Do they not feel languid, and does not this feeling increase till it runs into restlessness and lassitude, and in proportion as the poison slowly or more rapidly accumulates in the system?

Generally during its incipiency, and especially in bilious typhoid, the bowels become torpid. This, however, in the majority of cases, passes away as the disease advances, and the glands of Peyer be-

come deeply affected, involving the villous follicles, and producing a congested state of the mesenteric glands and consequent obstruction of the chyle. Does this not give rise to diarrhœa, and in its cause somewhat analogous to that in *tabes mesenterica?* As the effete matter is thus accumulated, it must either be retained or thrown off. If thrown off, it is by the setting up of peristaltic action. But how is this action brought about? It is either the result of irritation produced by accumulated secretions, or through reflex action from the ganglionic centres. We are inclined to think that it is more the immediate result of the former than of the latter. Should we not, in such a case, feel inclined to respect Nature's efforts to throw off the incumbent load? How is it, then, that we should think of locking up these morbid secretions, to be taken up, at least in part, into the general circulation, already too much loaded with the specific poison? To this it may be objected, that there need be no fear, since the lacteals cannot act in such a case. This objection, though plausible, is founded upon ignorance of the fact, that the medicine which we give to counteract the morbific results of the poison and to promote the eliminative process gets into the general circulation through the absorbents, without passing through the lacteals, and, according to its *modus operandi*, reaches ultimately its preferential parts for active operation. May not, therefore, some of the morbid secretions be taken up in the same way? Now, if this were not possible, why should any kind of nourishment be administered to a patient under these circumstances? However, be this as it may, the retention of such secretions must increase the irritation of the parts chiefly involved, as well as the consequent inflammation, and keep up the heat of the skin, which, in some cases, may be so augmented, especially over the abdomen, as to resemble to the touch the *calor mordicans* in typhus.

If we bring up at once before our minds the prolonged *anorexia*, dyspeptic state of the stomach and bowels, the inflammation and generally ulcerated condition of the mucous follicles, extending at times as high up as the glands of Brunner, giving rise to centric affection, including much gastric irritation; when we consider all these things, are we to wonder at the existence of tympanitis or meteorism, especially when the bowels are locked up? In an advanced stage of the disease an immense quantity of gas is thrown

off from the dyspeptic state of the stomach and bowels, especially if food is forced upon the patient. Will we then block up all, like the foolish man who locked up the thief in the stable? Ought we, in any case of the kind, attempt to arrest nature in her course, unless she is too rapid in her movements? But even when such a course is indicated, as the least of two evils, can we, understanding her design, think to assist her in its accomplishment by keeping the bowels locked up beyond the space of twenty-four hours?

We presume that it will not be deemed irrational to suppose that the epidemic atmosphere operating upon the cutaneous and respiratory functions will, according to its strength, together with different conditions of the system at the time of invasion, &c., give rise to great diversity of cases. We know that various idiosyncrasies and states of the system at the time of administration diversifies the *modus operandi* of medicine. May not, therefore, these causes, in combination with others, account for the great difference that frequently appears during prevailing epidemics?

Is there not in this fever a *peculiar* and *specific* affection of the nervous system, the nature of which is not yet known, giving rise generally to a *certain* deviation from the normal state of the nervous and mental functions? But there must be a pathological condition of the circulatory, secretory, and excretory functions, whether primary or secondary, before fever can exist.

However we may have spoken of the disease before us as one of zymotic blood diseases, yet the various deviations that take place, at least, in grave cases, as to the functions generally, though they may not so originate, do appear to arise in the following order: the cephalic, circulatory, secretory, and excretory functions giving rise to the second and most important event—inflammation. Should then a patient die where the right means have been timely and properly applied, we view it as more the immediate result of the inflammation than of the fever, while the latter, as the cause of the former, is the indirect cause of that result. It may be objected that death has occurred in cases where no local lesions could be discovered after death. To this it may be replied that an occurrence of that kind is doubtless the result of such a diffusion of the morbid poison through the system as completely to overpower Nature, and especially where nothing

has been done to destroy that poison or convert it into harmless combinations. The course that affords no assistance to Nature's eliminative efforts to expel the poison will prove, in the end, as destructive of life as where it pitches with force upon some particular organ.

Would it not be well to know more of the changes which take place in the different functions and in their secretions? The successful study of these will be of great importance in securing, at least in some degree, the object before us. For instance, any defectiveness in the pancreatic secretions—who can doubt it?—as well as those of the hepatic, would prevent the proper saponification of the chyme, and, of course, would naturally lead the practitioner to supply, if possible, that defectiveness by the administration of oleaginous and alkaline substances.

The kind of knowledge we want is that which will bring us to a greater degree of certainty as to the different changes produced in the chemistry of the blood and its excretions. That this is necessary to a rational, scientific, uniform, yea, and successful practice, on the part of the majority, we have no doubt. Think, then, brethren, and labor hard to improve what is improvable, and future generations will call you the benefactors of our race.

ART. III.—*The Ethnological Question.* By WILLIAM JOHNSON, M.D., White House, N.J.

THE discussion of this subject threatens to become interminable, and argumentation threadbare; and after spilling much ink and wasting much paper, the belligerents will remain *in statu quo ut ante bellum*, neither side willing to yield the field. In this prediction, I may merely be giving expressions to my own convictions. I have myself ever been persuaded that the numerous races of mankind which have overspread the globe have originated from *one common* parentage. Ponderous learning and great acumen have been enlisted in defence of an opposite view of this subject. Nevertheless, after looking carefully at the thing, my convictions remain in favor of the unity of the species, as strong as the sun shining in his noonday strength, and have suffered no

obscuration from the mistiness which natural science has attempted to throw over the subject. These convictions are founded upon Bible testimony. And here, upon the threshold of this discussion, I am met with the stale observation that it does not display good taste to introduce theological matter into a scientific journal. Let me, then, ask the question: Does it display good taste to introduce into a scientific journal a subject which must necessarily and unavoidably involve theological discussion? *I maintain that the subject now under discussion is strictly a physico-theological one, and falls as much within the province of theology as it does within that of natural science.* Nay, I was going to say more strictly so. Man differs from all other animals in having a two-fold nature; it is the humble province of natural science to take cognizance of his material organization; it is the more noble province of Christian theology to unfold those moral relations which man sustains to his God, and those high and noble destinies which await him if through faith and patience in well-doing, he seek for glory, and honor, and immortality. I waive, however, the consideration of this view of the subject.

The object of the present discussion is to determine the question whether the Negro be a distinct species? or more properly, whether there be more than one centre of origin of the human family? I intend to keep the subject closely in view, and for this purpose will bring forward every available evidence. The Bible, I maintain, is the most available evidence which can be produced, and to exclude it would be like an unjust, imperious judge, who, in a case involving life, property, and reputation, should rule out most important testimony, because he had already prejudged the case, and personally disliked the witnesses. But I trust that there is too much good feeling, and too much sterling Christianity in the medical profession to rule out of court the Bible, when its testimony is so directly to the point.

The doctrine of the unity of the species is taught in the Bible by *implication* from Genesis to Revelation, and the genius of Christianity recognizes no other view of the subject. Besides this, there is direct and positive evidence enough to convince any reasonable man. The Bible is either untrue (I speak it with reverence) or the theory of diversity of species is false. There is no other alternative. Let us impartially examine the evidence

of the Bible on this subject, and then bring the arguments brought forward on the opposite side of this question, to this touchstone. In Genesis v. 1, 2, it is written: "This is the book of the generations of Adam. In the day that God made man, male and female created he them, and blessed them, and called their name Adam in the day that they were created." Acts xvi. 26: "And hath made of *one blood* all nations of men, for to dwell on all the face of the earth." I bring forward no other evidence at present; what has been already adduced is sufficient to satisfy reasonable men. Yet the blaze of light which this evidence sheds upon the subject is resisted by philosophers of the nineteenth century, who have the temerity to deny its force. Two articles have appeared in the November number of the REPORTER in direct opposition to the testimony of Moses, corroborated by St. Paul. One of these articles is from the pen of Dr. Lehlbach, and the other from that of Dr. Thornton. Both these gentlemen defend the diversity scheme, and maintain that there have been several centres of origin of the family of man. How many centres do you reckon up, gentlemen? Forty? or thirty? or twenty? or ten? or will you modestly take up with five? namely, Caucasian, Mongolian, Ethiopian, Malay, American; or any other arrangement of the races which you choose to make. Well, for the sake of argument, we will suppose that there have been five centres of origin of men. Now you will admit that all these federal representatives of men were created "in righteousness and true holiness," with great intelligence and deep sense of moral responsibility, and at the same time with full powers and capacities to maintain their integrity; in one word, they were perfect beings. This assumption you cannot deny, as all God's works bear his own impress and are perfect; and if geologists are to be believed, this globe had been for ages preparing for the advent of man upon it. Man was the noblest of God's works and his vicegerent on the earth, and in fulness of time this nature was to be honored by being taken into intimate union with the Divine, in the person of the Son of God. Now if you admit all this, and I suppose that you will, I must stop at this stage of inquiry and request you to solve a problem in ethics, which I cannot solve upon the admission of your scheme. It is this: How do you account for the universality of moral evil? Look at man under

every aspect in civilized or savage life, you find him a lapsed being. The crown has fallen from his head; the fine gold has become dim, and the precious gold tarnished. Man is everywhere found as a rebel in God's moral government, and stands attainted for high treason (to adopt the views of "Senex" on this point, which I believe are strictly evangelical, and in accordance with the Word of God) against the majesty of Heaven, and only waiting the article of death to be handed over to the vindictive justice of God. This is Heaven's declared sentence against all the family of man, except those who are personally interested in the salvation of his dear Son, who has satisfied the claims of a violated law in their behalf. Read the counts on which the indictment is founded in the first four verses of the fourteenth Psalm, and in the first chapter of Paul's Epistle to the Romans, from the 18th verse to the end of the chapter, and from the 10th to the 20th verse inclusive of the third chapter. Now, gentlemen, how are you going to account for these things on your theory? I admit that one of these federal representatives has fallen and involved all his posterity in ruin, but what has become of the others, I ask you to inform me? You have admitted, I presume, that they were created as holy and as intelligent beings as Adam was. As holy and intelligent beings they no doubt had maintained free intercourse with each other. This supposition is by no means a strained one; it is in perfect accordance with the benevolence of the great Creator towards his creatures, especially his obedient creatures. And, doubtless, facility for such intercourse would have been provided. Now, I ask you if the four other federal representatives of man were not most egregious fools, that when they had seen what had befallen Adam, they did not take better care of themselves, seeing they had full ability so to do? To believe this of them requires more gullibility than most men possess. You see, gentlemen, the ridiculous position you place yourselves in by aiming to be wise above what is written. How appropriate to your case is the cutting antithesis of the poet—

> "How great is man! how very small!
> E'en wisdom's type—a fool withal,
> He knows the course of erring stars,
> The cause of elemental jars,
> He does not know himself."

Natural science will never extricate you out of your sad dilemma. But what natural science cannot do for you, the Bible can. Ps. li. 5: "Behold I was shapen in iniquity and in sin did my mother conceive me." Rom. v. 12: "Wherefore as by *one man sin entered into the world, and death by sin*, and so death passed upon all men, for that all have sinned—" 15th verse, "for if through the offence *of one* many be made dead—" 17th, "for if by *one* man's offence death reigned by *one*," (please read the whole chapter.) The difficulty of accounting for the moral degradation of man is now removed. Now, gentlemen, you read nothing about the four remaining federal representatives of man, and for the simple reason that Paul himself knew nothing about them; they are the figments of your own imagination.

One of you gentlemen urge as an objection against the unity scheme, that it involves incestuous intermarriages between the descendants of Adam, and that such intermarriages would lead to deterioration of the species. I see no force at all in the objection. Had you read with the same care the records of the Bible as you have done the *Types of Mankind*, you would not have been so fastidious on this point; you would there have found that the great legislator of Israel was descended from parents who stood in the relation to each other as that of aunt and nephew, and that the father of the faithful and friend of God had for his wife his step-sister. It is the prohibition of God alone that renders marriage incestuous, and that prohibition was not announced until the promulgation of the law after the departure of the Israelites from Egypt. This record is found in the 18th chapter of Leviticus. Had these connections occurred after the announcement of God's will on the subject, they would have been incestuous. That these connections had not produced the deteriorating effect on the Israelitish nation which the writer alluded to had so confidently predicted, is proven by a passage from one of the Psalms. The Psalmist, in enumerating the benefits which God had conferred upon the nation, bears this remarkable testimony, that at their exodus from Egypt "there was not one feeble person among them."

Dr. Usher thinks that he has found demonstrable evidence of the untruthfulness of the Mosaic account of the creation of man. It is that of a fossil man which he has determined is fifty thousand years old; and Dr. Lehlbach triumphantly challenges Dr. Coles

to disprove the fact. The doctor may perhaps find some difficulty in disproving the thing to the satisfaction of Dr. Usher. He will be placed somewhat in the position of one of our missionaries with a faithful Mussulman. "How happens it," inquired the missionary, "that your great prophet performed no miracle in attestation of his divine mission?" "Oh, he performed one of the most stupendous miracles ever recorded; he once clave the moon in twain!" "Where do you find any astronomical record of this wonderful event?" "Oh, it happened during an eclipse of the moon, and on a very dark night! and this accounts for its not having been recorded."

Dr. Usher is evidently laboring under a very great mistake. I am myself perfectly satisfied with the Mosaic record of the creation of man; but if I should bring in human authority to counterbalance its testimony, it would be that of the late Hugh Miller. This *Christian* geologist declares that we cannot go further back than six thousand years since the dynasty of man was inaugurated on the earth, and the historic period commenced. I conclude this article by a quotation from Hugh Miller which has a direct bearing on the scientific discussion of this controversy. As a *Christian* philosopher, a profound naturalist, a clear-headed and candid man, he has had no superior in the walks of modern science.

"'The different races of mankind,' says Humboldt (employing, let me remark, the language of the distinguished German naturalist, Müller, to give expression to the view which he himself adopts)—'the different races of mankind are not different species of a genus, but forms of one sole species.' 'The human species,' says Cuvier, 'appears to be single.' 'When we compare,' says Pritchard, 'all the facts and observations which have been heretofore fully established as to the specific instincts and separate psychical endowments of all the distinct tribes of sentient beings in the universe, we are entitled to draw confidently the conclusion, that all human races are of one species and of one family.' 'God hath made of one blood,' says the apostle Paul, in addressing himself to the *élite* of Athens, 'all nations for to dwell on the face of the earth.' Such, on this special head, is the testimony of Revelation, and such the conclusion of our highest scientific authorities. The question has indeed been raised, in these

latter times, whether each species of animals may not have been originally created, not by single pairs, or in single centres, but by several pairs and in several centres, and, of course, the human species among the rest? And the *query* (for, in reality, it amounts to nothing more) has been favorably entertained on the other side of the Atlantic. On purely scientific grounds, it is of course difficult to prove a negative in the case, just as it would be difficult to prove a negative were the question to be, whether the planet Venus was not composed of quartz rock, or the planet Mars of old red sandstone? But the portion of the problem really solvable by science—the identity of the human race under all its conditions, and in all its varieties—science *has* solved. It has determined that all the various tribes of man are but forms of a single species; and, in the definition of species, waiving the American *doubt* until, at least, it shall become something more, I am content to follow the higher authorities. 'We unite,' says M. De Candolle, 'under the designation of a *species*, all those individuals that mutually bear to each other so close a resemblance as to allow of our supposing that they may have proceeded originally from a single being or a single pair.' 'A species,' says Buffon, 'is a constant succession of individuals similar to, and capable of reproducing each other.' 'A species,' says Cuvier, 'is a succession of individuals which reproduces and perpetuates itself.'"[1] The application is self-evident.

And now, gentlemen, I take my leave of you. I will let younger men continue the discussion. I leave you, favorably impressed by your talents and your learning. I wish you prosperity in all your undertakings, except in this *wicked* enterprise in which you have embarked. Against this I enter my solemn protest. Believe me, it underlies the rankest infidelity, and is derogatory to our Maker, and subversive of the best interests of man. I have now borne my testimony, and "I wash my hands in innocency," and, in the language of the good old patriarch Jacob, say: "Oh, my soul, come not thou into their secret; unto their assembly, mine honor, be not thou united."

[1] I was not aware, until after I had completed this article, that Dr. Coles had already availed himself of this important testimony.

[The following article was received through Dr. Forwood, who requests us to publish it in lieu of anything from his pen this month. Dr. F. expresses himself as assenting to the views of the writer.—Ed. Med. and Surg. Reporter.]

Art. IV.—*A Call for Order in the Ethnological Discussion.*

By A. Denny, M. D. Suggsville, Ala.

If it be attempted, as an objection against any one undoubted truth, that there are other undoubted truths which precede it in order, in the formation "of said common basis," then it undoubtedly becomes incumbent on the objector to announce such undoubted truths in their order, that they also may "form at least some part of said common basis;" and, with the performance of this, his undoubted duty, it cannot be doubted that his so-called objection must necessarily vanish, and, "like the baseless fabric of a vision, leave not a wreck behind."

At all events, if there be any doubt as to the precise order of any one undoubted truth, nevertheless, it is universally agreed (in word at least) that it shall "form at least some part of said common basis," and, therefore, is not to be suppressed nor even disregarded.

If any man, by reason of his own short-sightedness, blindness, confusion, or "by any means," fail to discern what inferences may be surely drawn from any one, or more than one, intuitive or primary truth, or even if he perceive that no inferences at all can be drawn, except such as are contrary to the "opinions" which he had "preconceived" before his attention had been directed to these intuitive truths, and even though he therefore regard them as weakness and foolishness!

Nevertheless, an arbitrary suppression of them, or heedlessness, is undoubtedly contrary to all fair discussion: undoubtedly contrary to the undoubted truths which are suppressed or disregarded, and of course undoubtedly contrary to all truth.

But in the present undoubted disorder into which the present ethnological discussion has been precipitated, without the consent of its originator, we cannot be properly concerned with inferences, "opinions," or any other things which would, by dividing our attention, delude us from our first duty, of diligent and undivided attention to intuitive, indubitable, self-evident, and primary truth,

in the first place, as our premises. If your reason for suppressing the undoubted truths of "Elihu's" second short communication, and call for order, as "at least some part of said common basis," is that they were anonymous, then you will please allow them a hearing over my signature (for I subscribe to them, and to all undoubted truths); so that these truths, together with such other orderly, intuitive, and fundamental truths as may be at any time expressed shall "form at least some part of said common basis."

If you really do not "object that all undoubted truth (or so much as may be pertinent) shall form at least some part of said common basis," then of course you will allow that these peaceful, orderly, and undoubted truths, be announced as "at least some part of said common basis" (over your own signature if you prefer).

If you allow, as "some part of said common basis," either the undoubted truth that order is indispensable to every decent discussion, or the undoubted truths announced by Elihu, in August (see 8th and 10th sentences), or the undoubted truth that in every case of disorder, the only, the exclusive point of attention should be the restoration and security of order, until order be restored: then, of course, you will no longer suppress Elihu's second short and incontestable call for order, and no longer (until order be restored) "offer, receive, or tolerate anything" which is not exclusively pertinent to this one point.

If you intend to observe the usual parliamentary rules of discussion, then, of course, you will allow a hearing to Elihu's, to this, and to all other calls for order, and will give heed to them.

As an incidental plea for decency, order, and undoubted truth, and as a preventive of further disorder, we would here announce the undoubted truth that on whatsoever arena a disorderly and otherwise impertinent attack has been offered and allowed against any man, on the same arena, that man has the indubitable right to defend himself in a like disorderly manner, if he choose, or at least in an incidental, orderly, and undoubtedly truthful manner.

In the so-called discussion of the present inquiry, the other disorders have been increased and aggravated by the calling of hard names, by the imputation of bad motives, and by the outpouring of "the wrath of man" against the originators of this inquiry.

Now, if these accusations were in themselves true (yet they are not undoubtedly true), the obtrusion of them as, or in place of, argument, is undoubtedly out of order, and an indication of deficiency in argument (to say nothing of their indecency).

And since these accusations have been introduced, we hope to be excused if we merely glance at them from the stand-point of undoubted truth:—

These accusations undoubtedly must be either true or false.

And undoubtedly there is and must be delusion or dishonesty, or both, either in the accused or in the accusers.

Now the accused will either take the whole burden upon themselves, and if they fail of indisputable demonstration on either side, their accusers themselves being judges, then the accused will confess all such judgment as their accusers may ask.

Or, on the other hand, if those who seek to involve us in contention, disorder and confusion, can undoubtedly show, either that they can endure the simplicity and light of undoubted truth, or that we cannot, then we will confess unlimited judgment.

But if "they will not come to the light" of undoubted truth; or worse, if it were possible, than this: If orderly, intuitive, indubitable, self-evident, and primary truth be suppressed, then we (the accused) undoubtedly have the right of an undoubtedly righteous judgment against them and against their "preconceived opinions," by the wilful default of their undoubtedly wilful refusals, or practical evasions of this light; and also by their undoubtedly wilful persistence in manifest disorders.

And so we leave them in their indubitably wilful, and (so long as they persist) inextricable engagements with numberless and constantly increasing dissensions, divisions, contentions, doubts, darkness, "confusion and every evil work."

Mankind are undoubtedly so constituted, and all things are undoubtedly so ordered, as to make it impossible for any man to doubt any one intuitive, indubitable, self-evident, and primary truth.

And "to offer, receive, or tolerate by any means, anything which is undoubtedly contrary to any one undoubted truth," is indubitable "blasphemy against the (Holy Ghost" or) Power which has so ordered.

Let not these sentences be misunderstood, nor misrepresented; if, by means of announcing, after the manner and style of Elihū

incontestable truths, we can only induce men to repent and turn from the disorder of plunging into discussions or inquiries without any determinate, explicit, or express settlement of the premises in the first place; if we can induce men to hear and adhere to undoubted truth, as "at least some part of said common basis," then it cannot be disputed that contention, "confusion, and every evil work" must inevitably, from that moment, vanish away; then, and not till then, shall "we all come to the unity" of that "wisdom which is from above," whose "ways are ways of pleasantness, and all her paths are peace."

This practical restoration to decency, order, and undoubted truth, is all that we call for (and all that can be properly called for until the restoration be effected).

If this, or any other call for order be unheard or unheeded, then it is "manifest unto all men," that those who do not repent of such undoubted disorders must be, cannot be other than disorderly and dishonest (and, of course, deluded), it is manifestly impossible for any man to doubt it.

It is also an indubitable truth, that no honest and undeluded man will take any part with them in such wilfully persistent disorder.

ART. V.—*Case of Congenital Hypertrophy of the Tongue, and Amputation.* By C. MORROGH, M. D., of New Brunswick, N. J.

IN May, 1857, a daughter of Mr. Joseph Mather, of Cranberry, aged seven years, was brought to me for advice, regarding a congenital enlargement of the tongue.

At birth the hypertrophy was moderate, but it had increased more or less rapidly till reaching its present dimensions, I found the tongue protruding two inches outside the jaws. It measured two inches across at the teeth, and was of a corresponding thickness. The papillæ of the protruded portion were enlarged, and the mucous membrane was thickened and indurated. On the under surface was a ragged hard ulcer produced by the pressure of the teeth. These were pressed forward considerably out of their natural position. The horizontal rami of the inferior maxilla were curved downwards, so that when the molar teeth came in contact, a space of about one inch remained between the upper

and lower incisors. By this provision of nature, the girl was enabled to masticate her food, and swallow without difficulty. Excepting for this grievous and unsightly deformity, the patient was a fine comely girl, and enjoyed excellent general health. She had been treated by astringent applications and internal medicines, but without any avail. I proposed amputation as the only remedy, to which the parents acceded, and on the twelfth of the month, the child was brought to New Brunswick for the purpose of undergoing the operation.

In 1829, Dr. Harris, of Philadelphia, endeavored to amputate in a similar case by ligature. He found that the circulation became quickly restored every time he strangulated the protruding portion by tightening the ligature. In this way the process became so severely painful and tedious, that he completed the operation with a catlin, cutting directly through the furrow made by the ligature. The arteries were tied, and the case progressed favorably. In 1835, another case offering itself, he amputated by a double flap incision, checking the hemorrhage by ligature, and forming a pointed well-shaped tongue. Thus did this eminent surgeon dispel those terrible phantoms of hemorrhage which had led practitioners into the barbarous method of removing portions of the tongue by strangulation.

I resolved to follow the last proceeding of Dr. Harris, with the exception of the ligatures, which I thought might be dispensed with, by using the needle and twisted suture.

On the day the patient was brought to town, I proceeded to operate, assisted by Drs. Taylor and Baldwin. The patient was rendered insensible by chloroform, and placed on her side upon a table, so as not to allow any blood to trickle through her fauces. A stout thread was then passed through the tip of the tongue, with which it was pulled forward, the frænum was then divided, and a strong pointed scissors applied with one blade passed for some distance between the floor of the mouth and the under surface of the tongue, and the other on the dorsum. In this way a clean diagonal cut was made from the lateral edge to the raphe. At this stage of the proceeding, the hemorrhage was so free, I deemed it prudent to ligate the cut ranine artery, lest after losing control of the organ, the sutures might fail in arresting the bleeding.

By a similar incision to the last on the other side, a V shaped portion was removed.

Without waiting to apply any more ligatures, two bead-headed needles were applied through the tongue, and the flaps approximated by the twisted suture. This measure immediately arrested the hemorrhage.

In the evening the child detached the ligature by pulling at it. This led to a copious hemorrhage, which subsided and recurred several times. The child became feeble and feverish. The pulse 130, and jerking. After considerable trouble, the bleeding ceased altogether, and the child gradually improved.

On the third day the needles were removed. The wound had mostly healed by primary union, and on the sixth day, the patient went home well. Since that time, the end of the tongue has diminished to its natural thickness, and when at rest, it lays in its proper bed with the tip behind the teeth. The curve of the lower jaw has much diminished and the appearance of the girl is very much improved. She can articulate plainly.

Should another case offer itself, my experience from this one would suggest the following plan of operation.

Pass each end of a silk thread through the lateral edges of the tongue, a little behind the position of the lower teeth. Let the ends and middle of the thread be drawn forwards together, so as to protrude the organ and leave the centre free to be removed by a V shaped incision, having the apex backwards.

This is best done with a long sharp-pointed scissors, after first separating the tongue from the floor of the mouth carefully with a bistoury.

By this method of applying the suture, the tongue is still held under control after the anterior portion is separated.

By letting go the bite or middle of the thread, and drawing on the ends, the flaps are immediately approximated, and should be secured by the sailor's reef knot. The tongue must then be again protruded, and quickly transfixed by a harelip needle, as near in the line of the ranine arteries as possible. A few twists of silk on the lower and upper surfaces of the tongue will complete the suture, and effectually check the bleeding. The thread should not be twisted any tighter than is just necessary to effect this result, and bring the cut surfaces into contact.

In this manner the evil effects of ligatures may be dispensed with.

ART. VI.—*Abstracts prepared expressly for the* REPORTER, *from Exchanges received at this office, and from other sources.*

(*a.*) SURGICAL.

1. *Extraordinary Surgical Operation.*—At the request of a committee of the San Francisco County Medico-Chirurgical Association, Dr. E. S. Cooper of that city has furnished them with a detailed account of an operation performed by him for the removal of a foreign body from *beneath the heart!* Dr. Cooper does not tell us what length of time was consumed in performing this extraordinary operation, though he mentions that "at least three-quarters of an hour" were consumed in an exploration of the thoracic cavity by means of a sound for the purpose of discovering the location of the foreign body. This may give the reader some idea of the entire length of time occupied in the operation.

Case.—Mr. B. T. Beal, æt. twenty-five, of Springfield, Tuolumne County, California, with some other young men, in a frolicksome mood, resolved to burst an old gun, and accordingly loaded it with about eighteen inches of powder, to which they connected a slow match and then endeavored to seek security by flight. Unfortunately, a brisk wind blew up the powder with great rapidity, and the gun exploded before they had retreated far. A slug of iron had been driven into the gun as a temporary breech-pin, which, bursting out in the explosion, struck Mr. Beal in the left side below the armpit, fracturing the sixth rib, entering the chest and lodging, as was afterwards found, beneath the heart upon the vertebral column, just to the right of the descending aorta, where it had evidently remained from the period of the injury, January 25, 1857, until it was removed April 9, seventy-four days after. In a state of extreme prostration he was brought to the city, having had frequent discharges of several ounces of purulent matter at a time from the chest through the original wound. The left lung had lost its function, probably less on account of the violence done the lung at the time than from the subsequent accumulation of pus in the chest, though he had bloody expectoration for a few days. He came to my Infirmary on Mission Street 8th of April, and during the night following had alarming symptoms of suffocation, so much so that I entertained most serious apprehensions that he would not live till morning. So urgent had his symptoms become that after his arrival he was constantly in absolute danger of dying from suffocation, so that no time was to be lost, even for him to obtain rest from the fatigues of his journey. Under the greatest disadvantages, therefore, the operation had to be performed; otherwise he must be abandoned to his fate, which a surgeon feels but little inclined to do in case of such a brave patient, who is willing to endure any operation, however painful or hazardous, to save life.

Operation.—The patient being placed on the right side, an incision through the soft parts three inches long was made commencing opposite the seventh true rib and following the track of the original wound, was carried over the fifth and sixth ribs, which were drawn close to each other by contractions, consequent upon the injury. The sixth true rib was found fractured and slightly carious. A transverse incision three inches long was now made, beginning at the centre of the first when the soft parts were reflected, so as to expose the ribs. Torsion was applied to one intercostal and two or three small arteries which bled rather freely. The wound was now fully absterged, after which an effort was made to find the breech-pin by using the probe. This failing, the incisions were lengthened and the ribs further exposed. A portion of the sixth rib, which was carious, was now removed, and was followed by the discharge of about ten ounces of fluid resembling venous blood, contained in a cyst which was broken by the removal of the portion of the rib. A most extensive but careful examination with the probe was now made in order to detect, if possible, the foreign body, yet to no purpose; but air having already been admitted into the chest I unhesitatingly removed portions of the fifth and seventh ribs, together with such an additional piece of the sixth as was necessary to make ample room to afford every facility for the further prosecution of the search. Some very firm adventitious attachments were now broken up with the fingers, which gave exit to an immense amount of purulent matter—two quarts at least—which had been entirely disconnected with the fluid first discharged from the chest. The pleura had several large holes through it and was thickened to four or six times its natural state in some parts. The pulsations of the heart in the pericardium could be distinctly seen through these holes. Brandy was now administered freely to the patient who appeared to be rapidly sinking. The left lung was found completely collapsed after the discharge of purulent matter. By giving brandy freely the patient soon began to revive, when the search for the foreign body was resumed. At this time the fingers could be placed upon different portions of the heart and feel its pulsations distinctly, but could obtain no clue to the location of the foreign body. The patient now appeared almost completely exhausted. Brandy was given freely. Chloroform was not administered at first, owing to the expected collapse of the left lung on the admission of air into the chest, but a considerable reaction taking place a limited quantity was now used, and the manipulations continued. A sound was introduced and the thoracic cavity explored for at least three-quarters of an hour before anything like a metallic touch could be recognized, and then it was so indistinct as to leave the matter doubtful.

The space immediately above the diaphragm was considered the region in which the metal was most likely to be found; since the immense amount of suppuration which had taken place, it was thought might have dislodged, and gravitation carried it down to the bottom of the chest. The metal not being found here there was no longer any probable opinion to be formed as to its whereabouts, and to describe the difficulties of the search that followed would be difficult if not impossible. No one can have any just conception of the degree of patience required to do what was done, save the one who did it. This is not

spoken boastingly, but it is simply the truth. It is sufficient to say that a general exploration of that side of the chest was made, and then it was taken by sections, occasionally passing through holes in the pleura, which latter appeared to have scarcely no normal relations to the surrounding structures, touching by lines the entire surface of the parts, and at last the sound appeared to encounter something of a metallic nature beneath the heart, but the pulsations of that organ were so strong against the instrument as to render it difficult to settle the matter definitely. At last, however, it became evident that the location of the iron was found, and I endeavored to move it out of its position with the point of the sound, in order to get it into a place more eligible for extraction by the forceps. I failed in this, and in manœuvring the instrument finally lost the track by which the sound had first passed back of the heart to the metal, and it was during my efforts to recover this, and which was accomplished with the more difficulty owing to some membranes falling in the way, that I discovered the sound had in the first instance reached the metal by passing between the descending aorta and the apex of the heart. The metal being again found, the sound was steadily and strongly held in contact with it until a pair of long lithotomy forceps was thereby conducted to the spot and the breech-pin seized and extracted, which, however, was the work of several minutes, owing to the great difficulty in grasping it even after the forceps was made to touch it. The forceps, however, being heavier, the motion of the heart was not so embarrassing to its manipulations as it had been to that of the sound, but owing to its size it could not follow the sound and be expanded sufficiently to seize the metal without lifting the apex of the heart considerably out of its natural position. After the metal was extracted, the patient was turned on the wounded side, and a tent placed in the track of the original sinus, after which the wound was dressed and the sufferer permitted to rest in bed with his body still inclined towards the injured side.

April 10. Greatly prostrate; slight pain in the left breast; no motion of that lung; gave morphine. 11*th*. Same as yesterday. 12*th*. Slight cough; gave enema and light nourishment. 13*th*. Evacuations from bowels; slight discharge from the wound, being the first since the operation. 14*th* to the 18*th*. Improving; considerable appetite. 19*th*. Considerable cough. 20*th*. Severe cough to-day and pain in the right side, as also in that of the wound, though not so great as in the other.

Skin dry; no expectoration; urine scanty and highly colored. These symptoms were very alarming, the more so from the fact of their implicating the hitherto sound lung.

The pneumonic symptoms continued without abatement for several days and finally subsided, but left the patient greatly prostrate. On the 26th, purulent expectoration began and continued to increase for about a week, when nearly a pint was discharged in the space of twenty-four hours, and during this time but little escaped from the wound. After this period, for nearly two weeks, the discharge was greater or less from the wound in proportion to the amount of purulent matter expectorated and *vice versa;* the matter from both places being of the same quality, and occasionally tinged with blood.

At the end of two weeks from the time the communication between

the trachea and the original suppurating surface appeared to have been established, the purulent expectoration began gradually to subside, and the patient's condition slowly to improve until the end of seven weeks after the operation, when he left the city. There was no perceptible motion of the left lung at this time. He was considerably fatigued by his journey from the city to the country, and appeared worse for several days in consequence, but eventually began to improve rapidly and continued to do so until three weeks since, at which time, as is well known, he visited this city, and was so improved as not to be recognized by medical men present at the operation, who had seen him every day for some weeks after.

Aug. 1. *Present Condition.*—The external wound has entirely cicatrized. No cough nor pain in the left side—good appetite and all the functions of the system well performed.

The left breast is somewhat sunken, but the upper lobe of that lung has recovered in a great degree its former action. This operation was performed in presence of a large number of medical men, some of whom assisted.

Remarks.—The carious condition of the sixth rib was probably a fortunate circumstance in this case, since it favored the formation and continuation of a sinous opening through which purulent matter was discharged from time to time, prior to the operation, and which limited, to some extent, the immense accumulation that, as it was, had nearly terminated the patient's life previous to that period.

His subsequent astonishing recovery is attributed to his great cheerfulness, good constitution, and to the effects of our unparalleled climate, in which it appears nearly impossible for a patient to die with almost any ordinary degree of injury, provided a reasonable share of attention is afterwards given him. San Francisco has the advantage of every other city on the globe, in regard to climate, for surgical operations, since, if owing to any peculiarity of the case, our coast breezes are not equally well adapted to all the stages of convalescence after an operation, it is an easy matter to obtain almost any desirable change by half a day's easy travel, which I think can be said of no other city.

In Mr. Beal's case, while nothing could have been better than our cool bracing atmosphere for the first few weeks after the operation, still, having recovered from the immediate effects of that, the subsequent lung symptoms were much better controlled by a removal to the Santa Clara Valley, thirty miles distant, than they could possibly have been by medicine, conjoined with the greatest care that could have been bestowed upon him in this city.

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2. *Bleeding from the Ranine Veins.*—Dr. Aran recommends the abstraction of blood from the *vena ranina*, in acute inflammatory angina, in laryngitis, stomatitis, acute glossitis, &c., as having a more durable and better effect than bloodletting from the arm, or leeching. The tongue is pressed upwards, with its point to the upper jaw, the mucous membrane divided by a few light strokes of the lancet, until the two (right and left) venæ raninæ are exposed, when an incision is made from

above downwards as far as the veins are laid bare. The blood does not flow in a jet. A little warm water taken in the mouth promotes the bleeding. Keeping the tongue quiet is generally sufficient to control the hemorrhage; if not, pressure with a sponge, &c., is all that is required.—*Medic. Neuigk.*

3. *Cure of Nail in the Flesh without operation, by the use of a Solution of Acetate of Lead.*—An article with the above title, condensed from the *Revue Thérapeutique Med.-Chir.*, is published in the *N. A. Medico-Chirurg. Review*, and exhibits the views held concerning the cause and treatment of this disease, by Dr. Laruz, of Majorca, and Prof. Van Wangening, of Holland. They represent the disease to be not an ingrowing of the nail, but an overgrowing of the soft parts, a consequence of chronic inflammation, and recommend for its cure a saturnine wash, applied as follows:—

"The diseased parts having been washed with tepid water, the nail should be gently separated from the fungous growth by which it is covered, and two or three drops of the liquid subacetate of lead dropped between them; the parts should then be covered with raw cotton wet with the same liquid. This dressing should be repeated every hour, or every two or three hours, taking care to change the cotton every day, as it becomes hard in the course of twenty-four hours, and will no longer imbibe the solution. The application forms also, upon the surface of the granulations, a solid crust, which it is necessary to remove to prevent purulent accumulation. This dressing should be continued until there is a complete cure."

Dr. Laruz reports several cases in which both the fingers and toes were affected, and wherein various topical remedies had been applied without avail, that were treated by this method with entire success. It is probable, however, that he is over sanguine as to the general availability of the remedy in cases of the kind.

4. *Formation of Retro-peritoneal Hernia.*—From investigation on the development of the intestinal canal, according to Preitz's monography, *Hernia Retro-peritonealis*, the following facts appear: 1. During the development of the position of the intestinal canal in the embryo, a continuing diminution of the liver takes place. This diminution, however, is only relative, for absolutely the liver becomes larger, but it does not grow in the same proportion as the other abdominal organs, and in proportion to the expansion of the whole abdominal cavity. 2. The diminution of the liver is the immediate cause of the oblique position of the stomach, duodenum, and of the development of the transverse and ascending colon. 3. The partial lamella of the peritoneum is not developed in equal proportion to the expansion of the

abdominal cavity. This is especially true of the middle and inferior zone of the abdominal space, on account of the just mentioned relative size of the liver, and the consequence thereof is, that the peritoneum is required by the mesentery to line the abdominal walls, while the colon ascendens and descendens lose their long mesentery. 4. The *transverse colon* retains its original mesentery, and makes with the latter and the large omentum a turn to the right. 5. The flexura duodeno-jejunalis moves in consequence of the obliquity of the whole duodenum to the right and downwards. This sliding of the transverse mesocolon, and the movement of the duodeno-jejunal flexure at the same time, under certain circumstances, form the *fossa* and *plica duodeno-jejunalis*, into which the contents of the retro-peritoneal hernia are inserted.—*Medic. Neuigk.*

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5. *Intussusception treated in a novel manner.*—In the September number of the *Southern Medical and Surgical Journal* we find the following, which is part of a report of a case by Dr. Tate, of West Point, Ga. :—

March 17*th*, 8 o'clock A. M. Dr. D. arrives. Upon being informed of what had been done, proposed putting the patient under the influence of chloroform, and again attempting the reduction of the hernia. The suggestion was adopted. Dr. D. failed in his attempts at reduction. Whereupon I proceeded to operate for strangulated inguinal hernia, and accomplished in this way the reduction of the strangulated portion of intestine.

At noon, two hours after the operation, patient still continues to vomit and hiccough—says he is relieved of pain at the point of strangulation, but suffers intensely near the umbilicus (to the right of umbilicus). Prescribed ℥iss of castor oil, and renewal of the injections of warm water, using no salt. This treatment was continued until 10 o'clock at night, at which time I procured a pump syringe, and with it threw into the bowels six pounds of warm water, which was soon ejected without either smell or color; I then proceeded, after the lapse of an hour, to inject water slowly into the bowels, until they retained the enormous amount of one gallon.

Croton oil had been given since 6 o'clock A. M., in 4 drops at a dose, repeated every hour until 16 drops were given, without the least effect upon the bowels being manifested.

18*th*, 2 o'clock A. M. Being well satisfied that an intussusception, or other mechanical obstruction, existed above the strangulated point, and having, as I conceived, used every remedy worthy of trial in such a case, I determined to proceed upon my own responsibility, let consequences be as they might; therefore, I began again the use of warm water enemas, throwing them into the bowels slowly and cautiously; and after having introduced, by a pump syringe, one gallon of water, I next dissolved 40 grs. of *tartaric acid* in ℥iv of water, introduced that into the intestine; had a large compress prepared and placed in the hands

of a strong negro fellow, with instructions to apply it to the *anus*, and hold it there, so as effectually to prevent the escape of either gas or water after I should introduce 40 grs. of *bi-carb. of soda*, dissolved also in ℥iv of water. The soda was introduced, the compress used admirably, and poor Will rolling on the floor, crying at the top of his voice, "I shall burst, I shall burst—take that thing away, my bowels are tearing in two." The compress was removed; gas, water, and fecal matter escape freely, to the astonishment of all bystanders. In half an hour the same amount of warm water, tartaric acid and soda were used again, and with the same happy effect.

The only medicine given after this was calcined charcoal, which passed through his bowels with no difficulty. All being well satisfied that the obstruction was fully overcome, and Will declaring himself cured, he was discharged on the 20th.

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6. *Strictures of the Urethra.*—Dr. Thielman (*Med. Gaz. of Russia*, 1857) has, for thirteen years, treated strictures of the urethra solely with iodide of potassium. Twenty-seven cases in the St. Peter and Paul's Hospital, at Petersburg, of different degrees of intensity, were cured solely by this means. The cases were generally of long standing, and in the majority of cases accompanied by gleet. A solution of ʒij of the iodide to f℥vj of water was given—a teaspoonful three times a day. When the specific effect of iodine set in, smaller doses were given, till the patient could bear the full dose. The first effect of the remedy is an increased gleety discharge, and subsequently a "melting down" of the cicatrized tissue, constituting the stricture. The stream of urine soon becomes larger, and finally assumes its normal size. The duration of treatment was from two to eight weeks. In cases where the stricture could be felt externally, iodine ointment (℈j to ʒj) was applied. The gonorrhœal discharge in many cases ceased spontaneously, while in the rest it was removed by the usual means.—*Medic. Neuigk.*

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7. *Paralysis of Facial Nerve.*—Deleau (*Gaz. hebd.*) contends that paralysis of the facial nerve is only in the rarest cases an essential disease, while in most cases it is dependent upon *constriction* of the facial nerve in the Fallopian canal. Hyperakusis, which accompanies facial paralysis, is a symptom of *internal otitis*, and the latter must become the subject of therapeutical means, if we wish to remove the facial paralysis. [Easier said than done.—Transl.]

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *Treatment of Whooping-Cough.*—Dr. Laurence Turnbull, of Philadelphia, in an excellent monograph, read before the Philadelphia Co. Medical Society, gives his own experience, and collates that of others in

the treatment of whooping-cough. We propose to present a summary of the principal methods of treatment.

When no complication exists, there are but two classes of symptoms to be combated in this disease, viz.—Inflammation, which must be reduced by depletion, expectorants, and refrigerants; and secondly, irritation of the laryngeal constrictor and bronchial muscles and nerves, together with the abundant secretion from the mucous membranes. After the inflammation has been subdued by the moderate use of cups, leeches, blisters, or counter-irritation, and the use of nauseants and refrigerants as indicated, the case is prepared for an exhibition of other remedies.

Belladonna.—Dr. Turnbull has used belladonna with the most gratifying results. In twenty cases, eight males and twenty (twelve?) females, he was enabled to check the annoying cough and whoop as soon as the system was fully brought under the influence of the belladonna as indicated, by dilatation of the pupil, with confused vision and reddened skin. The following is the method of using the belladonna. The inflammation being reduced by the means before indicated, obtain, if possible, English extract of belladonna, fresh and good,[1] let the extract be triturated with water or simple syrup; if it is to be kept for some time add a small quantity of alcohol. The dose for a child three months old, is the sixteenth of a grain every three hours, to a child of one year, one-eighth of a grain, &c. Inform the parent or nurse of the change it will produce on the eye; also, that it may redden the skin. When full dilatation of the pupil is brought about, the medicine is to be intermitted until it has gone off again. The belladonna is to be administered in slightly increasing doses, so as to keep the child under its influence for several days, or until the paroxysms are checked, which will usually occur towards the sixth or eighth day of the second stage of the disease. There is a disposition to a return of the cough and whoop on exposure to cold, but a few doses of the belladonna with syrup of ipecacuanha, will soon check both.

The average duration of Dr. Turnbull's cases, when free from complications, was ten days after the whoop had commenced, showing the great advantage of this treatment, as when treated in the usual manner, it continues from $1\frac{1}{2}$ to $3\frac{1}{2}$ months.

Dr. T. quotes the experience of the following writers in favor of belladonna: Dr. Buckhaave, of Copenhagen; Dr. Miguel, of Neuerhaus; Dr. Sam'l Jackson, "formerly of Northumberland;" Dr. Hiram Corson, Dr. Eberle, Borda—who was the first, according to Eberle, to use it as

[1] We presume that Tilden's extract would be quite as reliable.—Ed. Med. and Surg. Rep.

a remedy in this disease—Hufeland, Alibert, Dr. Condie, Dr. Williams, of London, Dr. G. A. Rees, Dr. Waller, Aberle, Dr. Churchill, Debreyne, and Dr. A. T. Thompson.

Alum.—This remedy is highly recommended by Dr. Golding Bird, the following being his formula for using it: R.—Aluminis gr. xxiv; ext. conii gr. xij; syrup. rhœados ʒij; aqua anethi ʒij.—M. Give a medium sized spoonful every six hours. We have used this formula with great satisfaction. It is recommended by Dr. J. F. Meigs, Dr. Crossly Hall, and Dr. Davis.

Hydrocyanic Acid.—This remedy is highly extolled by Dr. Thompson of London, who regards it as possessing a "specific power" over the disease. Dr. West, of London, says, that "the acid sometimes exerts an almost magical influence on the cough, diminishing the frequency and severity of its paroxysms almost immediately, while, in other cases, it seems perfectly inert; and again, in others, without at all diminishing the severity of the cough, it exerts its peculiar poisonous action on the system so as to render its discontinuance advisable." He recommends it to be given by itself, diffused in a little distilled water, sweetened with simple syrup; and the dose he begins with is half a minim every six hours, for a child nine months old.

Dr. Hamilton Roe gives to an infant three-quarters of a minim of hydrocyanic acid, Scheele's strength, gradually increasing it to a minim, which is administered every four hours. Dr. Roe is convinced from his experience with this drug, that it will cure almost any case of simple whooping-cough in a short time. Dr. Edwin Atlee first used it in 1824, and up to March, 1832, he had treated more than two hundred patients and never failed to cure in from four to ten days.

Iron—Dr. H. C. Lombard, of Geneva, calls the precipitated subcarbonate of iron his specific in whooping-cough. It was recommended by Dr. Steyman in doses of from four to ten grains in twenty-four hours. His rule was to increase one grain for each year, so that a child six years old would take six grains a day. Dr. Lombard, however, found this dose inadequate and increased it to 24 and 36 grains in young children, giving it either with water or syrup or mixed with a cough mixture. Dr. Lombard speaks of the remedy in the highest terms, and it would seem to be very appropriate to weak, debilitated cases. In some cases Dr. Lombard observed a temporary increase of the cough during the first days, but it always subsided after two or three days, and did not prevent the good effects of the medicine.

Garlic, cinchona, tincture of cantharides, and nitrate of silver have been recommended by different writers. Cauterization by nitrate of silver, gr. xv to a fluidounce of water, has also been resorted to.

Nitric Acid.—Dr. Arnoldi, of Montreal, recommends nitric acid as follows: "To a tumbler full of very sweet water (almost syrup), add as much acid as will bring the water to the strength of pure lemon juice, when it will be ready for use; an adult may consume this quantity in three or four hours, a child one year old may take a dessert-spoonful every hour." The efficiency of the remedy depends upon the amount taken, and the frequency of repetition. To save the teeth he advises a solution of carbonate of soda, two drachms to eight ounces of water, to be used as a gargle immediately after taking the acid.

Dr. Fleetwood Churchill used chloroform by inhalation, with some good effect.

Change of air is spoken of as a very important auxiliary in the last stage of the disease and the resulting debility. Exposure to cold and inclement weather must, however, be carefully guarded against.

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2. *Tincture of Chloride of Iron in Erysipelas.*—Dr. W. W. Parker, of Richmond, Va., speaks very highly in the *Virginia Med. Journ.* of the effects following the exhibition of the tincture of the chloride of iron, in erysipelas. He relates nine cases successfully treated with it, many of them very severe and extensive. The aggregate sick days of these nine patients were 87, an average of $9\frac{2}{3}$ to each. Deducting 28 days of one who, from her extreme age, ignorance and poverty, could not receive proper attention, the average is reduced to $7\frac{7}{8}$ days. This would seem to be a decided abreviation of the time usually occupied by this disease. The dose given was from twenty to thirty drops every two, three, or four hours, as the disease was or was not severe.

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3. *Apocynum Cannabinum, or "Indian Hemp" as an Anti-periodic.*—In the Reporter for May last (p. 256), our readers will find an article entitled *Asclepias Syriaca as an Anti-periodic*, being a summary of an article by Dr. Richard S. Cauthorn, of Richmond, Va. It seems by a letter from Dr. Cauthorn to the *Virginia Medical Journal* for November, that he was in error in supposing that the plant with which he experimented was the *Asclepias Syriaca.* A closer examination of the plant since it has put forth its leaves and flowers, shows it to be the *Apocynum Cannabinum*, or *American "Indian Hemp."* Dr. Cauthorn's experience with this plant enables him to speak of its anti-periodic qualities in the most glowing terms, rivalling quinia itself in equal doses. He gives the powder of the bark of the root in doses of four to six grains or more in pill every two or three hours during the apyrexia.

The asclepias syriaca possesses anti-periodic qualities, but it is the apocynum cannabinum that Dr. Cauthorn wishes to recommend.

4. *Aconite as a Therapeutic Agent.*—The value of aconite as a therapeutic agent, is urged in the *Medical Observer*, by a writer who gives it as his opinion that a quality attributable to it is, that while consciousness may be in no degree impaired, both general and special sensibility will be greatly diminished. Thus Pereira relates that a dog under its influence, will wag his tail when noticed by his master, and endeavor to follow him, though quite insensible to pinching, and pricking of a needle.

I have found good results from the use of aconite, in almost the entire range of neuralgic affections, and in those obscure complications of rheumatism and neuralgia in which there is freedom from local or constitutional trouble, independent of the nervous derangement; but more particularly in such cases as are usually styled pure neuralgia, I have frequently had results as prompt and satisfactory as were recently attributed to valerianate of ammonia.

Something more than a year ago, a lady called upon me for advice, for a severe neuralgia of the face and head. From the history of the case, I supposed it to be a result of previous attacks of miasmatic disease, and accordingly prescribed quinine, which relieved her temporarily, but every few weeks she would have a relapse, and for several days at a time would suffer excruciatingly. In addition to the quinine, quite a variety of customary treatment was resorted to, until I directed the following prescription, after she had suffered a week, and had tried without avail, all the remedies that hitherto had given temporary relief. ℞.—Tinc. aconite *robt* ʒj; tinc. cimicifugæ fʒij.—M. Sig. Take a teaspoonful every four hours. My patient took three doses, when she was promptly and entirely relieved; and what is better, she has scarcely felt a neuralgic twinge since, now about ten months.

In another case a friend had for a long time suffered a peculiar *form* of neuralgia, or neuralgic rheumatism in the arm, which seemed to yield to no remedy, even temporarily. I suggested the aconite. The result was equally prompt with that of the case I have just given. I might multiply these satisfactory examples to a considerable extent. * * *

In the dose given above, I have never seen any effects sufficiently marked or violent to occasion any alarm. The tinc. cimicifuga is intended chiefly as a vehicle, but selected with the view to its contributing to the special effect of the aconite. I have not tried the aconite in acute rheumatism, but in the chronic rheumatic pains, particularly such as aged people complain of, I have seen very excellent effects. There is one form of neuralgia, associated with uterine derangement, which I have frequently met with, coming up sometimes in connection with the catamenial period, or immediately subsequent to it, in which there is

pain through the hips, sacrum, and uterine region. Sometimes I have seen this group of symptoms succeed abortion. I remember a case of this kind where the local distress I have just alluded to remained very troublesome for several weeks, while much of the time there was almost uninterrupted sleeplessness, despite the use of opiates. The tinc. aconite given through the afternoon and evening, relieved the neuralgic pain, and secured a sweet and refreshing sleep through the night.

[Relying upon the observations contained in the above article (which we have culled from the *Medical Independent*), we tried the formula mentioned in a case of very protracted general neuralgia, affecting chiefly the muscles, and the cutaneous surface. It is one of the most severe and universal cases we have ever met with, scarcely a portion of the skin being free from excessive tenderness, and hardly a muscle that could be moved, without excruciating pains at night, and the patient *never* free entirely from the neuralgic irritation, notwithstanding that all the general functions of the system were healthy. It was a member of our own family, and no case could seem a fairer one for the application of the aconite in form and dose as prescribed above. One teaspoonful satisfied us we were dealing with a most uncertain remedy. Scarcely had it been swallowed, ere the whole nervous system began to feel its effects. The head felt as if swelling to bursting, optical illusions occurred, as if the patient was looking through a long tunnel with a light at the opposite end, nervous tingling all over the body, all the muscles of the face seemed to be playing pranks, the skin all over seemed as if raised from its bed, and as if a current of air was flowing beneath it, a partial loss of sense supervened, and finally convulsive movements and agitations of the limbs. Neither the pulse nor respiration, however, was at all affected, and a dose of brandy in sweetened water apparently had the effect of calming somewhat these nervous symptoms, and in about half an hour the patient fell asleep, waking, however, the following morning, with much headache and rather unpleasant feelings. Although from our intimate knowledge of the nervous idiosyncrasies of the patient, we believe this case to be no proper criterion of the effects of aconite in such or similar derangements, yet we have received a lesson of caution in prescribing it again.]

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5. *Nitric Acid in the Treatment of Intermittent Fevers.*—Dr. J. A. Coons, of Dayton, Ohio, in a recent report to the Medical Society of that State (*Ohio Med. and Surg. Journal*), speaks as follows of nitric acid as a substitute for quinia in the treatment of intermittent fever:—

"My attention was called to this article by Prof. Mendenhall, of Cincinnati, in May, 1854, and from that time until the next September, I prescribed it in 36 cases of intermitting fever, with the following results:

"In 10 cases there was no chill after taking acid.

"In 8 cases there was one chill after taking acid.

"In 4 cases there were two chills after taking medicine.

"In 14 cases there were three or more paroxysms after the administration of the acid.

"In 35 out of the 36 the acid was successful.

"One case was treated ten days with the acid, and, refusing to submit to its influence, was treated and cured with quinine; and it is but just to say, that a case was cured with the acid about the same time, in which quinine had failed to interrupt the paroxysms after several days' use.

"These 36 cases, or a large majority of them, were treated in the Dayton City Hospital, were of both sexes, various ages and constitutions, and affected with the different types of the disease; some cases recent and uncomplicated; others of long standing, with enlarged spleen. The acid was given in eight and ten drop doses every five hours, largely diluted with water, during the paroxysms, as well as in the intervals. During treatment there was nothing else given, except mild cathartics in a few cases.

"Professor Mendenhall has tried the acid to some extent, and reports favorable to its success in the proceedings of this Society for 1854. Dr. Baily, of Indiana, has treated ninety cases with the acid, all of which, except two, promptly recovered. Fifty of his patients had no chill after taking medicine. Others have reported the acid treatment successful, but as our object is more to call attention to this article as an antiperiodic, than to establish its claims as a substitute for quinine, we will make no further quotations in its favor."

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6. *Substitute for Cod-liver Oil.*—Dr. G. P. Cammann, in a letter to the *N. Y. Journal of Medicine* (Jan. 1857), proposes the oily substance taken from the cavities in the head of the spermaceti whale—known in commerce as "head matter"—as a substitute for cod-liver oil. It should be used in its fresh state, as it becomes rancid by keeping. It may be obtained from the manufacturers of sperm candles. Kane says spermaceti consists of two atoms of margaric acid, one of oleic acid, and three of ethal. Dr. C. proposes as an appropriate name for the substance proposed—Ol. Ethal, as being composed mostly of oils and ethal.

"It is preferable to cod-liver oil on account of being more agreeable to the taste, leaving a pleasant flavor in the mouth, and also being more nutritive and soothing. It is also less apt to disagree with the stomach, and does not cause offensive eructations. The patient may take it either pure, in coffee, or with bread, boiled rice, potatoes, etc. When required, tinct. opii camph. or liq. ferri iod. may be added."

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7. *Valerianate of Ammonia in Neuralgia.*—There has been a great deal said in the journals concerning Déclat's treatment of neuralgia with valerianate of ammonia, and a great deal of confusion as to the size of

the dose. In an article taken from a foreign journal by the *Boston Med. and Surg. Journ.*, we find the following:—

"The medicine first introduced to the notice of the profession by Déclat, is a solution of valerianate of ammonia of a fixed strength, which has long been prepared by M. Pierlot, a pharmacien in Paris, and which has been extensively exhibited to the epileptics, both at the Salpêtrière and the Bicêtre. M. Pierlot has at length published his formula, which is as follows: Distilled water, 32 drachms; valerianic acid, 1 drachm; subcarbonate of ammonia, q. s. To neutralize the acid, add alcoholic extract of valerian, 2 scruples. Drs. De Saussure, Tuffnell, and others, testify to the success of this remedy in teaspoonful doses or more, taken several times a day."

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8. *Quinine in Rheumatism.*—This article is now used to some extent by the French and Swiss physicians in acute rheumatism. Dr. Delaharpe, of Lausanne, reports (*Prag. Vierteljahrsschr.*) his experience with this remedy. In 27 cases of rheumatism treated antiphlogistically, the medium duration was 41 days; in 20 cases treated with quinine, only 21 days. Doses of two or three grains are repeated every four or five hours. In from twenty to thirty hours the pulse becomes depressed; this action upon the pulse becoming most marked from the third day upwards. From the fifth to sixth day, the pulse becomes soft, and rather slow than otherwise. At the same time moderate perspiration occurs, but not possessing that acid odor perceived under the antiphlogistic treatment. Toward the termination of the treatment, gastric irritation ensues, which yields, however, to lemonade or a saline cathartic. Delaharpe supposes that the quinine increases the quantity of blood-corpuscles, and that thereby the excess of fibrine seems to be reduced to its normal standard.

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9. *Quinine in Cholera.*—Dr. Gudas, of Athens, employed the tannate of quinine in cholera with favorable results. He prescribed twenty-four to thirty grains of the remedy with opii, ferri et rad. ipecacuanhæ, āā gr. ½, divided into four doses, of which one was given every quarter hour or hour, according to the urgency of the symptoms. After the first few doses, the most violent symptoms were generally superseded by a salubrious reaction combined with perspiration. Cases where a high degree of cyanosis had not yet taken place, ran their course rapidly and favorably under this treatment. In the stage of complete cyanosis, Dr. G. thinks active and energetic measures injurious.—*Deutsche Klinik.*

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10. *Solution of Iodine and Tannin for External and Internal Use.*—To unite the effects of iodine and tannin, 10 parts of iodine are rubbed up with 32 parts of tannin, in a glass mortar, and, for *external* use, so much distilled water added, that the weight of the yellowish, odorless solution amounts exactly to 200 parts. For *internal* use, the above quantity of iodine and tannin is rubbed up with a little water, and so much syrup (either common or aromatic) added, that the weight of the whole mass amounts to 1000 parts. This preparation then contains one per cent. of iodine.—*Oesterr. Zeitschr. f. Pharmazie.*

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11. *Resina Kousso in Tapeworm.*—To avoid the nauseating effects so common to Kousso flowers, however differently the mode of administration, Dr. Martins recommends the resin of the kousso flowers, extracted in the same manner as the resina jalapæ. Two scruples to one drachm of the resin are dissolved in about three drachms of alcohol. This solution is then poured on a piece of sugar weighing about half an ounce. After the sugar has dried by evaporation of the alcohol, it is powdered, three drachms of powdered sugar being added. The whole is then divided into five doses, four of which are given at six, seven, eight, and nine o'clock in the evening, the remaining at six o'clock in the morning; an hour later, six to nine drachms of Glauber's salts are given dissolved in water.—*Ibid.*

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12. *Purulent Infection.*—Prof. Virchow publishes in his *Archiv* a criticism of the doctrine of purulent infection. In his opinion, the presence of pus in so-called pyæmia cannot be positively demonstrated. Many cases, where observers thought of having seen pus-globules through the microscope, Virchow thinks to have been cases of leukæmia or *polyleukokythæmia* (!)—increase of white blood-corpuscles. Colorless blood-corpuscles, like pus-globules, are capable of the most various modifications; both cannot be specifically distinguished from each other. By injection of putrid substances into the blood, a fatal disease, it is true, can be excited, but it does not present the symptoms of pyæmia. The so-called venous pus, which has been looked upon as the cause of pyæmia after purulent phlebitis, is no pus at all, but the detritus of fibrine and blood-corpuscles of the thrombus. The passage of pus into the blood can almost never be demonstrated, except in those rare cases where its *absorption* (?) was possible, or where abscesses emptied into the interior of a vessel; and in these very cases no pyæmic symptoms were manifest. Cases of extensive suppuration occur where, in spite of the most violent pyæmic-typhoid fever, nothing can be found after death to explain it. There are furthermore cases of extensive suppurative

diathesis, in which a *post-mortem* reveals a mass of so-called metastases, while during life no pyæmic symptoms were present.

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13. *The Influence of Light upon the Vital Functions.*—Moleschott has, in connection with Dr. Marmé, investigated the influence of light upon various vital functions by a series of experiments. From his researches it is evident, that the elimination of carbonic acid takes place more rapidly and thoroughly under the free admission of light than in the dark. His most recent experiments relate to the influence of light upon the irritability of the nerves. The result of his numerous experiments, the details of which we cannot give here, may be given as follows: "*The irritability of the nerves of animals living in the light, is greater than in animals of the same species, sex and size, living in the dark.*" The animals experimented upon were frogs. The ischiatic nerve was principally used to take the measurements, a multiplicator of 24,000 coils being used, according to the well established principle of Dubois Reymond, that the degree of electro-motory action of a nerve is proportional to its functional capacity.[1] Galvani's contractions were also employed, and chemical irritants were used in another series of experiments with the same results.

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14. *Bronzed Skin.*—Professor Virchow, in a discourse on "Bronzed Skin" (Addison's disease), delivered before the Society of Scientific Medicine, at Berlin, in which he criticizes at length Addison's theory

[1] While there can be little doubt of the truth of this principle, we cannot subscribe to the theory which is frequently advanced, and to the support of which Dubois Reymond's experiments are adduced, namely, that the nervous influence consists in electricity or a modification thereof. Helmholtz, the inventor of the ophthalmoscope, a most careful observer, has in a very ingenious method determined the *celerity* of nervous action. The nervous force, influence, or whatever it may be called, travels in the nerves of the frog with a celerity of 26–27 metres, in man with a rapidity of 61.5 metres per second, while according to Wheatstone, electricity travels at a rate of 288 miles per second. From these facts it is, in the language of a German reviewer, proper to reason, that, "inasmuch as the nervous excitation travels with such unexpectedly low celerity, what we call *nervous principle*, cannot be a process similar or analogous to electric motion. As it is known from physics, that those processes which take place with finite and not very great celerity, depend upon the motion of material particles, which communicate their motion to the adjoining molecules, we infer that nervous action and its propagation consists in this, that in a certain number of molecules motion is induced, which is transferred to the adjoining particles, from these to their neighbors, etc. etc. Hence nervous excitation (force, action, influence), and its propagation, consists in the excitation of motions of the single material nerve particle, and the conduction of these motions to their neighbors."—*Transl.*

"that bronzed skin is to be considered a specific affection, and owing to degeneration of the supra-renal capsules," concludes this theory to be arbitrary and unphysiological from the following reasons: 1. Not a small number of cases of degenerative disease of the supra-renal capsules run their course, without a change in the color of the skin. (Virchow showed several preparations of tuberculous, cancerous and cystoid degeneration of the capsules, where no discoloration of the skin had taken place.) 2. In *four* cases quoted by Addison himself, only *one* capsule was diseased, while the other was healthy; if the bronzed skin is owing to *functional disturbance* of the capsules, there is no reason why the healthy organ should not act vicariously for the one diseased. 3. Cases have been observed where there was evident bronze discoloration of the skin, but the supra-renal capsules were found entirely healthy.

(*c.*) OBSTETRICAL.

1. *Cases in Midwifery.*—Dr. Thomas F. Cock, of New York City, publishes the following cases (taken from the *New York Journal of Medicine*), occurring under his observation during fifteen years. We present them in a condensed form, and rearranged. It strikes us that these cases would have been much more valuable had he also given his *uncomplicated* cases, with the presentations, proportions of males and females, length of labor, time of day, etc. It is due to Dr. C. to say that in a large number of the cases he was called in consultation.

Presentations.—(Face). 8 cases. Anencephalous, 2; rupture of uterus, 1; presentation of funis, 1; born alive, 4. *Mode of Delivery.* Unassisted, 6; by perforation, 2. *Length of Labor.* Longest, 14 hours; shortest, 4 hours. *Presentation.* (Noted in four cases.) Left mento-iliac, 3; right mento-iliac, 1. *Results.* Fatal to mother, 1; fatal to child (necessarily), 4.

Inferior Extremities.—(Breech, knees, and feet), 27 cases. Single cases, 20; twin cases, 7. *Results.* Fatal to mother, none; fatal to infant, 12; of which, two were putrid and two others premature. Those of the stillborn, 3 are noted as multiparous and 4 as primiparous. *Sex.* (Noted in 23 cases.) Boys, 12; girls, 11. *Recurrence.* In one case, all the births (4), and in another, all (5), were by the breech. In two, there were two breech cases out of eight labors.

Superior Extremities.—(Cases of version), 13 cases. *Results.* Fatal to mother, none; fatal to child, 10; of which 1 was a premature birth, and 5 were certainly dead before any attempt was made at delivery. *Sex.* (Noted in 9 cases), of which 7 were male and 2 female.

In performing version, no effort has been made to group *both* feet, but a selection of the foot opposite to the presenting hand has been at-

tempted, and this, experience proves to be the most satisfactory mode of manipulating. In cases where one foot has been brought externally, and delay has occurred in producing turning, it has been thought that benefit has ensued from passing the hand beyond the breech, while traction is made on the foot in the vagina, and thus, by double purchase, some refractory cases have yielded.

Funis.—5 cases. *Number of Labor.* Multipara, 4; primipara, 1. *Complications.* Face, 1; hand, 1; premature birth, 1. *Duration of Labor.* From 4 hours to 2 days. *Mode of Delivery.* Embryotomy, 2; version, 1; left to nature, 2. *Sex.* All were male. *Results.* Mothers all saved; but one child was saved, by resorting to version.

Twins.—15 cases. *Number of Labors.* Multipara, 7 cases; primipara, 7 cases; not noticed, 1 case. *Presentations.* Noted in 14 cases; two cephalic in 7 cases; two breech in 2 cases; one head and one breech in 3 cases; twice with the second twin a hand, the cord, and a foot presented. *Sex.* (Noted in 12 labors.) Two boys occurred in 2 cases; two girls in 7 cases; boy and girl in 3 cases. In the latter cases the boy was born first. *Interval.* Forty-eight hours, 1 case; thirty-two hours, 1 case; seventeen hours, 1 case; three hours, 1 case. In the remainder, the second labor came on immediately. *Results.* Both living in 11 cases; both stillborn in 2 cases; one of the children dead in 2 cases. One mother died from albuminuria. *Number of Placentæ.* Recorded in 9 cases. Single in 5 cases. Two in 4 cases.

Placenta Prævia.—6 cases, 5 of which were partial, and 1 centrical. *Mode of Delivery.* By uterine efforts aided by ergot, 4; forceps, 1 (fatal); detaching placenta, 1. In three cases rupturing the membranes was of service. Two cases occurred at the seventh month of pregnancy. *Results.* Fatal to the mother, 1; fatal to child, 5.

Retained Placenta.—16 cases. *Cause of Retention.* Adhesion, 14 cases. Irregular contraction 2 cases. *Number of Labor.* Multipara, 5; primipara, 10; not mentioned, 1. In one case the placenta was adherent in a first and second labor. *Result.* Favorable in all the cases. Inertia was in no case the cause of delay, attributable, Dr. C. thinks, to the practice of firmly compressing the uterus with his own hand from the time of expulsion of the head to the severing of the cord. When the adhesion was accompanied with flooding, prompt attention was given to the removal of the placenta.

Forceps Cases.—29 cases. *Number of Labors.* Recorded in 26 cases; multipara, 5 cases; primipara, 21 cases. *Age of Parents.* Youngest, 23 years; oldest, 43 years; the majority being over 30 years. *Sex of Children.* Recorded in 20 cases; of which, female, 14; male, 6. *Du-*

ration of Labor. Shortest recorded, nineteen hours; longest, four days. *Results.* Recorded in 24 instances; born alive, 15; stillborn, 9.

Embryotomy.—Number of cases, 14, of which only one was in Dr. Cock's own practice. Life was extinct in all the cases before the operation was performed. In five cases the mothers died, in one case from rupture of the uterus and in four from fever. Of ten cases recorded, only one was a multipara. Rupture of the uterus occurred in three cases, and three of the children were hydrocephalic.

Hemorrhage. (No record has been kept of hemorrhage in connection with abortion.) Number of cases met with, 28; of which only one proved fatal. *Causes.* Placenta prævia, 6 cases; retained placenta, 6 cases; uterine hydatids, 2 cases; placental apoplexy, 2 cases; inertia of uterus, 4 cases; detached placenta, 1 case; not recorded, 5 cases. *Time of Occurrence.* Before labor, 14 cases; during labor, 10 cases; before delivery of placenta, 14 cases (the cases of placenta prævia are reckoned under all these heads); after delivery of placenta, 6 cases. Secondary hemorrhage was noticed in one instance.

As a *temporizing* measure in flooding before labor or before delivery, the alum plug has been relied on with much confidence, and in no ordinary case has it disappointed. Its use, however, is attended with one serious inconvenience in cases where operative measures become necessary; so great a corrugation of the vagina is produced, and such dry and obscuring coagula are formed, that no slight embarrassment in manipulating occurs. Aside from this objection it is a remedy of value, and in hemorrhages connected with abortion it has been found peculiarly useful.

Rupture of Uterus.—Cases noted, 8. *Number of Labors.* All were multiparæ. *Presentation.* All were head. *Cessation of Pains.* Occurred in 4 cases; *vomiting* in 4 cases. *Duration.* Two days or more in two cases. *Mode of Delivery.* Perforation, 4 cases; forceps, 1 case; turning, 1 case. *Cause of Rupture.* Hydrocephalus, 1 case; contracted pelvis, 2 cases; abnormally thick, muscular uterus, with large child, 1 case; mal-adroit attempts to deliver, 1 case. *Seat of Rupture.* Anteriorly near neck, 3 cases; posteriorly, 1 case; on right side, 1 case. *Results.* Fatal to mother, 6 cases; recovered, 2 cases. All were fatal to child. *Lived after Rupture.* Died in 2 hours, 1; in 10 hours, 1; in 11 hours, 1; in 21 hours, 1.

Convulsions.—(Cases of eclampsia only have been placed on record.) Number of cases recorded, 7. *Variety of Convulsion.* Epileptiform, 6 cases; hysterical, 1 case. *Premonitory Symptoms.* Pain in head, 3; œdema was a prominent symptom in all except the hysterical case, in which the feet only were œdematous. *Number of Labors.* All were

primiparous except one, the hysterical case. *Number of Children.* One was a case of twins, all the rest were single births. *Time of Occurrence.* During labor in all, seven; continued afterward in four cases. *Number of Convulsions.* In two, 4; in one, 8; in one, 14; in one, 18; in one, 15; and in one a single hysterical paroxysm. *Mode of Delivery.* Natural in 3 cases; by forceps in 4 cases; in one case version for a second twin. *Mode of Treatment.* In all but one venesection was used; chloroform was employed in 4 cases; tartar emetic in 2 cases; enemata, sinapisms, and cups were used in all. *State of Urine.* Noted in 5 cases; in all of which, albumen was found. *Results.* Favorable to mother in 5 cases; death in 2 cases; of children, saved 4; stillborn, 4; both twins being dead.

Dr. Cock records two cases of monstrosity; three cases of hydrocephalus, and two of vesicular mole. Also, a case simulating rupture of the uterus; a case of occipito-pubic presentation, the sagittal suture occupying the antero-posterior diameter of the superior strait; a case of labor with disease of the heart, resulting in death; one in which dyspnœa threatened dissolution for some time after delivery. The patient had hypertrophy of heart, and was much troubled with dyspnœa during the latter months of gestation. She finally recovered.

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2. *Placenta Prævia.*—P. Dubois in remarks[1] on Simpson's method of separating the placenta in placenta prævia, expresses himself against this method, because the results obtained by it are so unfavorable to the children. Drs. Cazeaux and Depaul express themselves in a similar manner. The German accoucheurs, however, are mostly in its favor. Referring to Dubois' objections, the editor of the *Erlanger Medicinische Neiugkester*, remarks: "Notwithstanding the objections just alluded to, we are in favor of Simpson's method because its results are so favorable for the mothers. In hemorrhages from *placenta prævia* the life of the mother, as well as the child's, is at stake. The life of the mother is for us more important than that of the child, and if her life can be brought in more favorable constellations by medical interference, than that of the child, it must be done. [Dubois' objections we can hardly believe to be placed on purely *scientific* grounds.—TRANSL.]

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3. *Tincture of Iodine in Uterine Hemorrhage.*—Dr. M. Dupierris, of Havana, Cuba, in an extended article, published in the *N. A. Medico-Chirurgical Review*, on the treatment of uterine hemorrhage, recommends the use of tincture of iodine, applied to the bleeding surface of

[1] Gaz. des Hôpit. 43, 1857.

the womb, by means of a siphon syringe. His plan is to inject into the cavity of the uterus half an ounce of the tincture of iodine mixed with an ounce of water. He details cases marked with symptoms of the most alarming character where this mode of treatment was followed by very prompt amelioration of the symptoms. He adopts it and recommends it in all bad cases of uterine hemorrhage, and not only to those attending labor, but those more chronic in their character. He claims to have used the remedy more than a hundred times, and to have found but one case to resist it.

(*d.*) TOXICOLOGICAL.

1. *Poisoning by Opium.*—Dr. N. L. Folsom, of Portsmouth, reports in the *N. H. Journ. of Med.*, a case of recovery from poisoning by opium, in a child six years old, by the application of scalding water to the feet. The patient was in a state of complete insensibility, with no pulse except very slight in the carotid artery, not the least sign of respiration, and paleness of death of the countenance. In a moment after the application of the hot water, by means of cotton cloth, the child drew up its feet, gasped, and then relapsed as before. The heat was then reapplied, with the same result, though each relapse seemed to be the last death gasp. For three hours the hot water was applied with the cloth, as often as the feet ceased to be drawn up. This treatment was followed by stimulating injections, beef tea, and an occasional application of hot water for the next twelve hours, to prevent sleep.

2. *Antidotes for Strychnia.*—The following is the treatment proposed by Bouchardat (a late authority), as we find it quoted by Dr. L. Ch. Boisliniere, in the *St. Louis Medical and Surgical Journal*:—

"1. Empty the stomach, as promptly as possible, with an emetic of *very salt* water, or tartar emetic; give the salt water in very *large* doses.

"2. Give, after repeated doses of *iodurated water*, prepared thus: ℞.—Iodide of potassium, four scruples; Iodine, six grains; Water, one quart. The dose is half a tumbler full. It is necessary to give an *excess of this antidote;* for it has been found that the iodide of the iodhydrate of strychnia, although completely insoluble in acidulated water, was still poisonous.

"3. *To oppose the tetanic symptoms* caused by the absorption of the strychnine, we have not, unfortunately, sufficient clinical data for a sure treatment. There are, however, certain general principles upon which we can act. For instance, in strychnia poisonings, respiration must be, by all means, kept up either by inspirations of oxygen, or by alternate pressure and expansions of the thorax. (Galvanism.)

"As soon as the vomiting is under control, *opium* must be used as the most sure and most prompt agent to oppose tetanic rigidity. If the vomiting continues, *tincture of opium* might be used in injections. Repeat this remedy according to the effect produced."

MEDICAL SOCIETIES AND CLINICAL REPORTS.

Art. VII.—*Philadelphia County Medical Society.*

December 9, 1257. Dr. Emerson, President, in the chair.

Dr. Biddle read, by consent, a report of resolutions, &c., from the Chester County Society, highly approving of the action in the McClintock case, and the course pursued by the gentlemen who resigned from the Institution. Referred to the Committee on that subject.

Croup.—The subject announced for the evening was Croup. Dr. Henry Hartshorne, who opened the discussion, commenced by remarking that a systematic dissertation would be quite superfluous on so familiar a subject as croup; he designed only to advance certain propositions, with a view to debate, so as to ascertain how far the members are agreed upon some points, not unanimously decided by the profession, in regard to a disease whose mortality is so considerable, being, in 1856, nearly ten per cent. of that from all diseases of the respiratory organs. As a postulate, it may be assumed that we all understand by croup an acute cynanche or anginosa, whose signs are a hoarse cough, difficult and audible respiration, and aphonia, the seat of the disorder being the upper portion of the air-passages. Its place in nosology has been empirically, or conventionally, or clinically, rather than systematically, established. He advanced the following propositions for discussion:—

1. The pathological elements of croup are, *a*, spasm; *b*, hyperæmia, or congestion; *c*, inflammation, either ordinary or diphtheritic. The *spasm* affects especially the arytenoid muscles, the epiglottideus, and the aryteno-epiglottideus; but may involve, also, the muscular coat of the trachea itself. The *hyperæmia* commences in the mucous membrane of the larynx or trachea, but often extends throughout the whole anterior cervical region. The *inflammation* may be located in a small portion of the same mucous membrane, or it may extend downwards, indefinitely, into the bronchial tubes.

2. We may mentally differentiate between cases in which the croupal dyspnœa results from simple spasm, from simple tumefaction, or from inflammation without any spasmodic constriction of the glottis. But, in practice, the pathognomonic cough and breathing rarely attend such an isolation of these conditions. A certain number of cases, however, occur, of purely spasmodic or nervous croup, now and then substituting more general convulsions; as, when worms have been, apparently, an exciting cause. A *purely* inflammatory case is at least equally rare. In fatal diphtheritic cases, autopsic examination has repeatedly shown that

the amount of false membrane was by no means sufficient, *alone*, to have occluded the larynx or trachea, the result being due to the additional *spasmodic contraction.*

3. The most frequent form of the disease (common night croup) is pathologically characterized by spasm of the glottidean apparatus, with congestion and tumefaction (transient in character) of the laryngo-tracheal mucous membrane. It is, in these respects, precisely *analogous*, in nature, to the asthmatic attack, whose seat is in the smaller bronchiæ. There is no strongly marked line of separation between this form and the *catarrhal croup*, in which more or less active inflammation occurs, prolonging the existence of the symptoms.

4. Looking, then, on the hyperæmic state as simply intermediate, we may classify the cases of croup as they ordinarily occur, clinically: as 1, those in which spasm predominates; and 2, those in which inflammation is the dominant condition; or, bearing in mind the above expressed qualification, into spasmodic and inflammatory cases.

5. Pseudo-membranous, diphtheritic, or "true croup," does not genetically differ from inflammatory croup, of which it is only a grade or termination—*i. e.*, any case of inflammatory, or catarrhal croup, *may* end in the exudation of coagulable lymph within the air-tubes.

6. Whether this shall occur or not, in any given case, depends, *a*, on the degree of the inflammation; *b*, on the state of the blood of the patient.

7. It cannot be predicated, on the ground of experience, that either vigorous and plethoric, or feeble and anæmic children, are especially prone to the diphtheritic form or termination of inflammatory croup. It may, and does, occur frequently in both.

8. The ordinarily recognized signs for the diagnosis of inflammatory from non-inflammatory croup, are sufficient, viz: the *duration* of the croupal cough and voice, the (generally) slow onset, the febrile symptoms, and the *stridulous* inspiration as the dyspnœa increases.

9. Inflammatory, or true croup, is, with the above inclusion (as always potentially diphtheritic), not at all necessarily fatal, although highly dangerous. The presence of the false membrane itself does not inevitably determine a fatal result.

10. In no disease does more depend on *early treatment*; which is often prevented, by the insidious approach of the attack, deluding the parents. The mortality of the disease may be thus often accounted for.

11. In the *treatment* of *all* forms of croup, *relaxation* and *secretion* are the two great desiderata.

12. In the spasmodic cases, emetics and antispasmodics (*e. g.* ipecac and lobelia) will effect these objects; especially if aided by the warm or foot bath.

13. In mild inflammatory cases, saline purging, gentle vomiting, and the use of demulcents, counter irritation, and pediluvia, will relieve.

14. In more active cases, the loss of blood by the lancet, or by leeching, or both, will be necessary, and should be early used.

15. The most satisfactory emetic for employment, in such cases is the combination of ipecac and alum; the latter being used in teaspoonful doses, in urgent cases, until emesis is produced. Nor should the practitioner hesitate to compel *repeated* vomiting, at intervals, in desperate cases. Better for the child to risk being sick for a month, than to die of cynanche (dog-choke, as the Greeks termed it). But the alum is unlikely to do harm.

16. Tartarized antimony should not be employed as an emetic in croup; in sedative or expectorant doses, it may be advantageous.

17. Calomel, freely administered, that is, a grain every hour or two, has the highest authority in its favor in serous croup.

18. Nitrate of potassa has both experience and reason in its favor. Being a solvent of fibrin, it should tend to prevent the coagulability of the exudation. According to late theories, ammonia might do the same thing; but the clinical or therapeutic antecedents of ammonia point otherwise.

19. The great evil in diphtheritic croup is, the *solidifying* tendency of the exudation; why should not, therefore, an abundant imbibition of *fluids*, even of *water*, do something towards the counteraction of this?

20. No clear indication exists for the use of *opium*, in the majority of cases of inflammatory or membranous croup; although it may become useful in cases which are protracted, or which are attended by a more than usual disposition to spasmodic symptoms.

21. Blisters are decidedly useful; but they should not be left on long in croup; a superficial vesication only being desired.

22. The application of a strong solution of nitrate of silver to the fauces (and larynx if possible), does good in many cases; in the *pre-exudative* stage as a medicament, in the exudative, as a mechanical operator, aiding to dislodge the membrane.

23. Iodide of potassium is too slow in its systematic action to be relied on; and the same may be anticipated of bromine and the bromide; although nothing should forbid their fair trial.

24. Tracheotomy or laryngotomy will, when performed early, succeed in a fair number of cases; but in those very cases it is impossible to know that they (as well as those in which it fails) might not have recovered without it; few practitioners, therefore, in this country, can demand the operation early, and in the moribund state, the vascular congestion from asphyxia, about the throat, renders success exceedingly difficult; sometimes impossible. Upon the whole, therefore, the num-

ber of cases in which the operation may be expected to add anything to our hope in croup, are few indeed; about as few as those in which careful surgery would justify ovariotomy.

25. Whether croup, in the inflammatory form, is ever *epidemic* is a question of considerable interest, upon which Dr. H. does not feel competent to pronounce a matured opinion. He inclines, however, to the view, that it may become so, and that, therefore, like catarrh and dysentery, it must, in certain seasons, be included among the zymotic diseases. It has *even* been suggested that it is contagious; but the proofs of this would be difficult to collect, and have not, so far, been accumulated in any distinct form.

Dr. Condie said, as he completely coincided with the gentleman in all his propositions, he had very little room for discussion. He never saw membranous croup, without laryngitis more or less acute preceding it. He knew no diagnosis between acute laryngitis and croup. In his own practice, he had never lost a case; he did not claim any great success from this fact; it may be considered as an accidental occurrence. He had, from this reason, been surprised at the great number of deaths from croup annually reported. He believed many deaths were owing to the fact that the disease is not always treated sufficiently actively in the very first stage. If this period is allowed to go over and the disease be fully formed, the case becomes extremely difficult, but even then, not incurable. He was glad the gentleman thinks bleeding and leeching of importance; this eminently so, though not in every case. In full, fat, rosy cheeked children it becomes absolutely necessary. He had opened (and preferred this mode of depletion) the jugular vein. It is simple, and not more dangerous, when skilfully performed, than operating at the bend of the arm, especially in fat children, where in the generality of cases, the veins are so deeply seated that they are difficult to reach, and even then, the flow is not sufficiently abundant to make a prompt and decided impression. Leeching was often to be preferred. Had very little faith in *emetics*. There is one that Dr. H. had not mentioned, one in which he (Dr. C.) had the utmost confidence in membranous croup, and on which he would risk his professional reputation as to its success. This was the *muriate of ammonia*. It was most effective in almost all the catarrhal affections. He combined it with tartar emetic and calomel. Some apothecaries had even come to him to ask if this mixture were not liable to produce decomposition, but he did not believe it would do so. He gave from two to four grains of muriate of ammonia, one or two grains of calomel, and one-eighth of a grain of tartar emetic, every one, two, or three hours, according to the urgency of the case, and the age and vigor of the patient. He had never seen any

indications of croup being epidemic. He had seen records to this effect on the continent of Europe, but as these did not state whether it was genuine croup and did not detail the symptoms, he did not think it anything more than an asthmatic affection. There is no more evidence of its being contagious than there was of any other disease being so, which all ordinarily admit to be the reverse.

In regard to tracheotomy, all reports from France, where it is most frequently performed, are to the effect that it must, to do any good, be resorted to early. Now he would first like to know if these cases could not have been cured without the operation before resorting to it, as there was certainly no little danger in it, let it be performed ever so skilfully. It was not the occlusion of the rima glottidis by the false membrane that produced death, as it is generally admitted there was quite sufficient room for respiration. The operation was always attended with a determination of blood to the parts, which is what we seek to prevent. It requires in most cases our utmost care to prevent bleeding to death, or the blood getting into the trachea, and thus producing suffocation. He regarded as horrible the proposition to inject a solution of nitrate of silver into the trachea. The success in tracheotomy was small compared with the number of deaths in the institutions where it was performed.

Dr. Remington could not boast of his success unless called early to the case. The greatest number die from neglect of activity in the first stage. We cannot say, in the commencement, whether we are to have a pseudo-membranous case or otherwise, therefore it is best to commence with an emetic and warm foot-bath, then, if not relieved, the lancet. He would not limit the lancet to the age of the child. He used often a combination of calomel and tartar emetic, and liked very much three to five grains of calomel in Cox's hive syrup as a vehicle. The syrup he used after the first stage had abated, in moderate doses, to keep up a gentle nausea. He had found seneka (snake-root) highly useful as an expectorant in decoction with gum Arabic and liquorice root.

He had seen a number of cases in the latent form, and these are cases which call forth all the sympathies. The child, perhaps, would be slightly indisposed, with catarrhal symptoms, and suffocation gradually become intense; the little sufferer struggling for breath and we unable to help it.

Dr. Condie said he used in place of blisters a narrow slip of flannel, wrung out of turpentine, which produced sufficient irritation on the skin in a very short time.

Dr. Coates asked if he had seen much harm produced by blisters having diphtheritic deposits produced on their surface; as whether they had produced ulcers, &c.

Dr. Condie answered that this did not seem to increase the symptoms under which the patient was laboring.

Dr. Coates could not speak from a very large experience, especially of late years. He had certainly lost cases, although intervals of some length and the cure of repeated instances had passed without that result. He had always been very rapid in his treatment. He agreed with Dr. H.'s propositions so well that he could find little to criticize. Had sometimes feared that he had not done justice to his practice, from want of adequate familiarity with the recent views, in which he could not always bring himself to confide; and hence it was agreeable to find Dr. H. expressing the opinions that he did. He used emetics, as ipecac. and tartar emetic, very freely, and in emetic doses, but did not ascribe so much benefit to the act of vomiting as to the production of the copious discharge of fluid from the inflamed parts which accompanies that process. He had found the same difficulty as other gentlemen in the diagnosis of the diphtheritic form. He had not unfrequently seen flakes of diphtheritic matter mixed with the other fluids of the fauces; but was not familiar with extensive adherent membrane. He had found it difficult to inspect the fauces of young children. The principal sign, in the absence of this which had influenced his mind, had been a dark-red inflammation of the half arches of the palate, without much swelling, with disproportionate pain and soreness. He was favorable to the use of caustics in these cases, but had not used them extensively. He had no doubt of the propriety of taking blood, though he believed it easily possible to take too much blood, and feared that some had advised too heroic a practice on these little subjects. A mode of treatment which seemed to come from some of the quacks, had not been mentioned, which was the application of cold water. He had met with a case where the parents and attendants had used it before calling him in. Now as he always had a great horror of this, he would like to know what the members had seen of its effects, &c. In this case other applications and remedies had been freely used, and the patient was much relieved when he saw the case. Agreed in thinking the spasmodic were not in proportion to the inflammatory symptoms. He had used the polygala senega, but thought it not half as good as tartar emetic. Tincture of lobelia he had not used, but from the analogy of croup to other diseases, where it was beneficial, he was prepared to use it. Had used ipecac. and was much pleased with it.

Dr. R. K. Smith, in regard to cold water, could say that in the neighborhood of Darby, where he had practised some three or four years ago, croup was very prevalent, and in most of the cases he saw them early: there was generally high inflammatory excitement; in nearly every case he used cold water to the throat, and even pounded ice, in bladders;

with this, he relied almost entirely on tartar emetic: because he believed in the early symptoms, our point is to moderate the action of the heart, and reduce the plethoric state of the patient, and keep up constant nausea. Never saw one die after this constant nausea and vomiting. He liked emetics as much on account of their mechanical effects, as they thus liberated the air-passages from mucus, &c.

Dr. Hartshorne thought the violent action of tartar emetic irritated the alimentary canal, or depressed the system, so as sometimes to be dangerous, and we can obtain the emetic effect, without these dangers, from ipecac. or alum. In addition to these, little had been said in regard to the application of nitrate of silver, and its introduction into the larynx. In very young children, he found it almost impossible to use the caustic. Lobelia and opium were very interesting; they had both been considered valuable, but his own impression was not in their favor.

Dr. Smith did not use tartar emetic, &c., when there were symptoms of depression in the second stage: only in the first, and when he found an inflammatory condition. For a local application, he used a solution of arg. nit., 10 to 20 grains, in the œdematous condition of the glottis and upper part of the larynx. In the second stage, he was governed by circumstances; stimulated, if required, but keeping up nausea by serpentaria and senega.

Dr. Condie had seen, in the communications from physicians in different parts of the United States, much and powerful evidence in favor of the local application to the throat, in croup, of cold water. He never used it himself, but from its use in the Western, Northeastern, and Middle States, had heard much praise. He did not understand how an emetic can, by its mechanical action, disgorge the air-tubes of their congestion, unless followed by a relaxing effect. The mechanical effect of vomiting is to produce congestion of the lungs.

Dr. Smith explained that he meant by the mechanical effect of a vomit the reversed action of the stomach, which, pressing with the diaphragm and other muscles upon the lungs, forced the air violently out of the air-cells, and with it all mucus, &c., contained therein.

Dr. Condie never heard this idea before. In regard to arg. nit., it was difficult to use as a pencil, but it may be applied by a swab or sponge on a flexible handle, and then suddenly introduced, and even passed down to the epiglottis. But it produced the greatest distress, almost momentary suffocation, followed by a spasmodic cough, and even vomiting, and on this account, he could rarely bring himself to do it, though after the immediate distress produced had abated, it seemed to be beneficial.

Dr. Wm. B. Page said this was certainly an interesting subject to all fathers and others. He was surprised to hear the gentleman found it

so easy to cure. He had seen every variety of treatment. Had seen Dr. Horace Green, of New York, introduce the probang into the larynx, and believed that it really did enter, and seemingly without much inconvenience to the patient. Softening of the membrane thrown out was beneficial, and this was produced by ipecac., tartar emetic, and calomel. He knew, in accumulation of phlegm, that from emetics we had ejection, not only from the stomach, but from the larynx and its neighborhood. Arg. nit. he believed increased the secretion from the part, and thus relieved the engorgement of the vessels. This was carried down by sympathy, or continuity, even into the larynx. Death occurs from closure, by the accumulation of matter, and œdema, and thickening of the parts; hence the advantages of tracheotomy. In one case where he operated, he believed the patient would have recovered, had not the depressing influence of calomel been carried too far. He believed a solution of caustic, injected both up and down from the point of operation, was beneficial. Blisters and bleeding he thought beneficial. He had never used cold water, but had known it to be beneficial in other hands. Many cases may get well with the ordinary plans of treatment, and others with any plan. He had great difficulty in saving.

Dr. R. P. Thomas was much struck with the difference in the views now held by the members, in regard to tracheotomy, as compared with former times. Seven years ago this was favorably looked upon by many of the faculty. He had traced this matter up, and taken pains to inquire into some facts connected with its history. He had found that some died in three hours, or three days, some off the table; one lasted three weeks, and one single case was cured by the operation. Had known of twenty-five cases. One case in his own hands, operated on when the child was moribund, and as a *dernier ressort*, had died immediately, from the flow of venous blood stopping up the passage. Now, some will not perform it under any circumstances, and few look upon it with favor. The experience of Philadelphia is decidedly against it. Iodide of potassium, Dr. H. had alluded to disparagingly, but he believed the alkalies had great effect over the secretions of mucous surfaces everywhere, and why not beneficial in croup? The introduction of this into Philadelphia is due to Dr. Griscom; who, however, did not rely on it so much as formerly. About the same time, Dr. E. Wallace reported a case where the arg. nit. was used, and the life saved. Dr. Thomas combined both plans in his practice; five had proved fatal; two had been saved by a solution of the alkali in syrup, and arg. nit. locally applied as low down as possible. It produced violent vomiting, bringing up the diphtheritic deposite, &c.

Dr. Hartshorne had found great relief from arg. nit., though, from

the difficulty, as before remarked, he did not think it came in contact with the parts it was said to.

Dr. Coates ascribed the benefits of vomiting to the copious secretion from the parts. Had been disappointed by a disappearance in the day-time, and return at night. He had seen blisters produce a diphtheritic exudation on the surface, which is urged as an objection by Barthez and Rilliet. He believed cold was beneficial in many diseases, but where the parts were lined by mucous membrane, as the bowels and air-passages, he thought the general remark was that the reverse sympathy was so powerful as to increase the disease. The operation of tracheotomy required so much care, &c., as detailed by *Trousseau*, that he believed no one in Paris was competent to perform it but *Trousseau*.

On motion, the Society adjourned.

Art. VIII.—*Bellevue Hospital, New York.*

Thoracic Aneurism.—Service of Dr. Metcalfe; R. C. McEwen, M. D., House Physician. Reported by Samuel R. Forman, M. D., Senior Assistant.

T. S., aged 40, native of France, by occupation a butcher, admitted Dec. 1st. Patient is a large, stout, muscular, healthy-looking man. On entering the ward at 5 P. M., heard him groaning with pain, and on coming to him found him lying in bed on his right side and face, with his head over the edge of the bed, his hands clasped and pressed firmly over the epigastrium, legs spasmodically flexed. He remained for a moment writhing in agony and calling for relief; then followed a brief period of comparative calm. On questioning him, we obtained the following history.

He is a temperate man, but occasionally drinks a little brandy; is in the habit of taking a glass or two of beer, but not early in the day. He has always been perfectly well till two o'clock to-day, when he was suddenly seized with an intense pain in his stomach; has taken nothing at all except a cup of coffee at breakfast time. He has not vomited or been purged at all; has had no trouble in breathing; bowels are regular, open this morning. Complains of nothing but this pain in his stomach, attended by cramps in his legs.

His tongue was clean, natural, steady; pulse between 90 and 100, full and regular; eyes natural, pupils normal and sensitive; respiration easy, not hurried; percussion on dorsal region gave healthy resonance; skin normal, not hot nor dry; mouth moist, no marks on the gums. On placing the hand on the epigastric region, the muscles were found contracted, but soon relaxed; no hardness or fulness, nor more than

usual resonance; no heat or tenderness on pressure anywhere over abdomen; legs affected with cramps.

An anodyne and laxative were ordered, with anodyne fomentations over the abdomen.

In half an hour returned, and found him in the same condition, and apparently trying to vomit. At 6, he was no better, and a more powerful anodyne was directed. At 7, we were called to him, but before we could reach him he was dead. He had died in a violent epileptiform convulsion. His lips were a little pale; serous fluid issued from corner of his mouth. He had experienced no relief from the treatment.

Autopsy 21 *hours after death.*—Weather cool. Cadaveric rigidity well marked. Body well nourished, about one inch of fat over abdomen. On removing the sternum and cartilages, a clot of blood about five inches long was found lying in the fissure between the right pulmonary pleura and the pleura of the anterior mediastinum. On removing the right lung, this clot was found to be part of a large one lining the whole of the upper and internal surfaces of the pleural cavity of that side. About twelve ounces of fluid blood was removed, besides a very little which flowed from the divided pulmonary vessels, making with the clot about eighteen ounces. This lung was healthy. The left lung contained a few tuberculous deposits in its apex, but was not adherent to the thoracic wall. No blood was found in that pleural cavity. Heart: Left side very firm, muscle contracted, no blood in its cavities; aortic valves healthy and sufficient; a slight atheromatous deposit about the origin of the aorta. Right side flabby; valves healthy; aorta appears normal as far as the descending portion of the arch, except some slight calcareous deposits at the origin of the innominata. From the arch it gradually expands as it descends, forming a pouch about five inches long and three and a half wide in the centre; about three inches below the pouch is a large patch of calcareous matter. About four inches below the arch, an opening was found from the vessel into the posterior mediastinum. The mediastinum was filled with coagulated blood, which had been forced up the neck nearly to the base of the cranium, and round the thorax, behind the right pleura, nearly ten inches from the rupture. The œsophagus, from this point down, together with the stomach, was distended with blood; none was found above this point, and none in left side or air-passages. The bodies of the third, fourth, fifth, and sixth vertebræ were a little flattened on the left side—the fourth a little eroded. The œsophagus was divided just opposite the rupture of the aneurism, so that the relation and opening into the latter were lost. Liver, spleen, and kidneys healthy. Brain not examined.

December, 1857.

BIBLIOGRAPHICAL NOTICES.

ART. IX.—*Medical Lexicon. A Dictionary of Medical Science;* containing a concise explanation of the various subjects and terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, Dentistry, etc.; Notices of Climates and of Mineral waters; Formulæ for Officinal, Empirical, and Dietetic preparations, etc.; with French and other synonymes. By ROBLEY DUNGLISON, M. D., LL. D., Prof. of the Institutes of Medicine, etc., in Jefferson Medical College, Philadelphia. *Fifteenth edition. Revised and very greatly enlarged.* Pp. 992. Philadelphia: Blanchard & Lea, 1857. *Price* $4 00.

WE hesitate not to pronounce this *the* medical dictionary of the age. To one whose library has for years been encumbered with a copy of "Hooper's Medical Dictionary"—the most unsatisfactory work it was ever our misfortune to waste time on—the possession of such a work as Dunglison's Medical Lexicon is like a well of water in a dry and thirsty land. The student or practitioner, who is at a loss in regard to the meaning or application of a word, will be pretty sure to find it in this work. However, although we are in earnest in speaking of this as a very perfect work of the kind, undoubtedly the most perfect in the English language—it so happened that the very first time we had occasion to refer to it, we were at fault. The word was "*meniscus*"—in the sense of a concavo-convex lens.

Our readers may judge of the vast scope of the work from the title page, which we give in full, and from the fact that it contains about 60,000 subjects and terms, 6,000 of them having been added to this edition.

This dictionary is undoubtedly the best work that Dr. Dunglison has published, and it is well worthy of the great favor with which it has been received by the profession. We trust, if any of our readers are groping in the dim light afforded by Hooper, that they will, for their own sakes, cast it to the moles and the bats, and furnish their libraries with this work. They will never regret it. The price of the work ($4 00) is remarkably low.

ART. X.—*A Practical Treatise on the Diseases of Children.* By J. FORSYTH MEIGS, M. D., etc. etc. Third edition, carefully revised. Pp. 724. Philadelphia: Lindsay & Blakiston, 1858. Price $3 50.

WE have heretofore had occasion to speak in commendatory terms of this eminently practical and useful work. It has become a standard work in American medical literature, and should be found in every practitioner's library. Dr. Meigs' large experience in diseases peculiar to children, renders him eminently fitted for discharging the responsible duty of publishing a work on the subject.

In our last notice of Dr. Meigs' work,[1] we made some friendly criticisms, which seem to have escaped the notice of the author. We cannot help thinking that an adoption of the suggestions there made, would improve the work, and make it more distinctively American. We shall never forget the instructions on the subject, of the eminent teacher to whom Dr. Meigs has dedicated his work, and we are very sorry that our author does not regard them with more attention. Uniformity in writing prescriptions is of the utmost consequence in a good book. How a *Philadelphia* author, one who has been a student of Dr. Geo. B. Wood, can be careless in this respect, we can hardly comprehend. Our readers must understand, however, that, while accuracy and good taste call for their correction, the errors referred to are not such as to detract greatly from the merits of the work.

ART. XI.—*Materia Medica and Therapeutics:* with ample illustrations of practice in all the departments of Medical Science, and very copious notes of Toxicology, suited to the wants of Medical Students, Practitioners, and Teachers. A new edition, revised and enlarged. By THOMAS D. MITCHELL, A. M., M. D., Prof. of Materia Medica and General Therapeutics, in Jefferson Medical College, Phila., etc. etc. Pp. 820. Philadelphia: J. B. Lippincott & Co., 1857.

THE author of the above work, now Professor of Materia Medica in the Jefferson Medical College, Philadelphia, is known as an ex-professor of several branches of medical science, in three or four medical schools, in different sections of the Union. He has certainly had, therefore, opportunities of informing himself of the wants of the medical student.

The form chosen by Dr. Mitchell, for presenting the subject of Materia Medica, is the rather convenient than philosophical one, of an alphabetic arrangement of the articles under their English names.

[1] N. J. Medical Reporter, vol. vi. p. 374.

Although the work before us is far superior to the many manuals of which the press is so prolific every fall, it can hardly claim the rank of a first class book on the subject of which it treats. It is, however, very well adapted to the wants of the student, while the present objectionable modes of instruction prevail. It is brimful of facts, drawn, apparently, however, much more from the current medical literature of the day, than from the author's own observations. Dr. Mitchell is evidently well acquainted with the literature of the subject, and his intimate acquaintance with the medical periodicals of the day has enabled him to bring his work down to the latest moment, before going to press; many observations having evidently been added while the sheets were passing through the press.

It is to be regretted, especially in view of the fact that the author is professor of Materia Medica in the largest medical school in this country, and in view of his own observations, under the word "Prescription," that he had not been uniform and consistent in his wording of them. Too many of our authors seem to forget that the *U. S. Pharmacopœia* is the American standard for writing prescriptions by. For instance, there are no such things known in our pharmacopœia as the "*muriated* tincture of iron," (p. 459), or "pulv. alum. sulph." (p. 477), or "elix. vitriol" (same page), or "muc. gum Arab." (p. 484), or "turp. min."! (p. 517); or—but there is no end to such instances. Then there is the mixing up of Latin and English, often in the same prescription, as in those in which "elix. vitriol" and "turp. min.," referred to above, occur. Again, the abbreviation "*f.*" representing "*fluid*" in fluid measures, is entirely disregarded, and "*grs.*" occurs in Latin prescriptions in place of "*gr.*" (*grana*). This is not "small criticism," for we have a national standard for prescription writing, as far as the names of drugs and the statement of quantities are concerned, and it is idle for a teacher to expect his students to become accurate prescribers, when he himself departs so far from the "eternal fitness of things," in prescription writing. In the above, we have confined our criticisms to the Latin and to the Latino-Anglican (?) prescriptions. We trust that, when a new edition of his work is called for, our author will improve it in this respect.

But it is not in prescription writing alone, that this "confusion of tongues" occurs, for the names of the topics treated of, are now English and now Latin, by no apparent rule. An ample index, it is true, atones for this error, but uniformity in the text would have been better.

As we said before, however, the work is brimful of facts, and the student or practitioner will find it well worthy of a place in his library, though it should never take the place of more elaborate and complete works on the subject.

ART. XII.—*Clinical Lectures on the Diseases of Women and Children.* By GUNNING S. BEDFORD, A. M., M. D., &c. &c. *Fifth edition.* Carefully revised and enlarged. Pp. 604. New York: Samuel S. & Wm. Wood, 389 Broadway, 1857. Price $3 00.

THIS work has reached its fifth edition in a period of a little over two years. This circumstance alone would lead us to infer that there is "something in it," and the favorable notice taken of it, by both the foreign and home medical press, seems very positively to confirm the inference. We have nothing to add to the former notices we have made of it, except to recommend the fifth edition to those who have not purchased a copy of any former edition. We do not, however, see sufficient difference between the earlier and last editions, to recommend any extra investment in times like these.

ART. XIII.—*The Transactions of the American Medical Association.* Vol. X. Pp. 676. Published by the Association. Philadelphia, 1857.

THE above work has been issued in the usual excellent style of paper and type, from the Philadelphia press of Collins.

Although some things were done by the "assembled wisdom" at Nashville, not calculated to enhance the character of the Profession, yet these may be regarded merely as spots on the sun, and will not detract from the bright influence which it will continue to exert, through its professional labors, as manifested in this and the preceding volumes. We find here an exhibition of a great amount of learning and industry, embodied in twelve elaborate reports, on as many topics of interest, and two prize essays—one on the "Excito-secretory System of Nerves, its relations to Physiology and Pathology," by Henry F. Campbell, M. D. —and the other, entitled "Experimental Researches Relative to the Nutritive Value and Physiological Effects of Albumen, Starch, and Gum, when Singly and Exclusively used as Food," by Wm. A. Hammond, M. D., U. S. A., both of which will well repay perusal, and alone are worth the price of the volume.

Every medical man in the country, whether or not he has ever been a delegate or member of the Association, should adorn his library with its *Transactions*. It is the great centre to which we must all rally, if not in person, then by the next best means. If we cannot partake of its social enjoyments at the day of meeting, we can imbibe all its intellectual treats from these volumes at far less cost. Price $3 00. Dr. Caspar Wister, Philadelphia, Treasurer.

EDITORIAL.

THE STATUS OF THE PROFESSION.

WHETHER it be so or not, there prevails a wide-spread impression, both in the community at large and among physicians, that the medical profession has, of late years, been losing its hold on the respect and confidence of the people. The extensive prevalence of such a feeling is presumptive evidence that it has some foundation in fact. We propose in this number of the REPORTER briefly to examine into the facts of the case, with the hope of eliciting something that may draw the attention of our readers to a subject which is worthy of their consideration.

Let us look back for a period of fifty years. Then, medical schools in our country were but few, and medical education was in its infancy. The leaders of the profession were, most of them, graduates of foreign schools, and were educated under the eye of such men as Abernethy, the Bells, the Hunters, the Coopers, the Hamiltons, Fordyce, and others, before the degeneracy of medical instruction in Great Britain. Such men, who, before entering upon the study of medicine, were proficients in the study of English, the ancient and modern languages, the mathematics, and often in natural science, were the professors in our medical schools, and they and *their students* constituted the *profession* of that time. From some cause or other, we instinctively, as it were, venerate the memory of the "Mighty Dead" of the past and preceding generations. We are almost impelled to raise our hats in token of respect at the bare mention of the names of Shippen, Rush, Wistar, Bard, Mitchell, Parrish, Warren, Physic, Chapman, Horner, Eberle, Dewees, and others of the departed, as well as of the few, their compeers, who still linger among us as their representatives. We feel proud that we belong to a profession that can boast of such names. These men, and the physicians of their day, were held in high veneration by *the public* of that period. We are told by old people that, in their childhood, they were taught to raise their caps, if boys; and drop a courtesy, if

girls, in token of respect, when they met their family physician on the street, and we know persons who have often done so, even when that physician was under the influence of intoxicating drink.

There is hardly a physician of the present day, before whom the ghosts of the departed worthies of the past generation or two, are not often called up by their elderly patients, in a manner far from complimentary to their own attainments; and odious as comparisons proverbially are, we are compelled to submit to them to our disadvantage, at a time, too, when the progress of medical science, and the facilities for acquiring knowledge are vastly in our favor. Now, it is not simply that these men were Doctors of Medicine, or that they were giants in intellect that they commanded this respect at the hands of the public. Doctors of medicine of the present day, are often quite as intellectual as any of them were, but, we respectfully submit that in our day there is a sad want of cultivation of that intellect. Our powers lie dormant, and hence fail to command respect.

But, further, to establish the position, we have assumed that the profession has lost a portion of the respect of the public.—We have spoken of the *impression* on the subject that has taken hold of the popular and professional mind. Can we produce any proof that this impression has any tangible foundation? Contrast the treatment which the profession now receives at the hands of the public with that of former times. We need do no more than mention the outrages daily perpetrated upon it, and which have often been commented upon in these columns. The humiliating position held by our naval surgeons; the Blockley Hospital, Philadelphia, and the Chicago City Hospital outrages; the proposed introduction of homœopathy into Bellevue Hospital, New York; the studied insult to the profession by the Directors of the Camden and Amboy Railroad; and the action of boards of trustees of medical colleges in appointing men to professorships against the known wishes of the faculties in those colleges, are but the more apparent cases of insult and outrage which our noble profession is called upon to endure.

In this connection, the testimony of the profession itself is worthy of consideration. We will cite three instances, not on account of their singularity, but as representing three different classes of practitioners. This subject is the burden of many a

communication that comes to our hands, and the testimony of the profession of all sections of the country is singularly uniform in the same direction.

The late venerable and learned Dr. Nathaniel Chapman, of Philadelphia, the first President of the American Medical Association, in an address before that body at its first annual meeting in Baltimore in 1848, used the following very pointed and significant language:—

"*The profession to which we belong, once venerated on account of its antiquity; its varied and profound science; its elegant literature; its polite accomplishments; its virtues;* HAS BECOME CORRUPT, AND DEGENERATE TO THE FORFEITURE OF ITS SOCIAL POSITION, *and with it of the homage it formerly received, spontaneously and universally.*"

A prominent and accomplished physician of middle age, of Washington City, thus writes in the seventh volume of the REPORTER, p. 100:—

"Under the influence of this pestilential epidemic" (ambitious and presumptuous ignorance) "which, for many years past, has been sweeping over this country, destroying in its wild career every monument of the past, established by the wisdom, prudence, and experience of our progenitors; invading, with its disorganizing elements, the sacred precincts of religion, philosophy, and science; seeking to disenthrall itself of all those necessary and conservative restraints imposed by law, morals, and religion; acknowledging no obligatory impulse to human actions, but individual will, and refusing to recognize the conventional rights either of society or of nations; under the baneful influence, I say, of this spirit, medicine has been forced to succumb, and no longer claims with any pretension to justice or truth for her followers, the appellation of '*the learned profession.*'"

A physician of high, social, and intellectual standing in a neighboring city, whose thesis, when he graduated, was published by order of the faculty of the school which gave him his diploma, and republished in Europe, said to us, a few days since, that he was disgusted with the profession on account of its low standing in the estimation of the public, and on account of the reprehensible conduct of many practitioners, and that he expected soon to leave it and engage in some less laborious, quite as honorable, and much more profitable employment.

As we before remarked, we have a great deal of such testimony, and are forced to the conclusion that it is high time that something was done to redeem the profession from so undesirable a position as it now occupies. It is no pleasure to us to contemplate so humiliating a picture, and we only do it preliminary

to a discussion of the causes that have brought it about, and with the hope of being able to propose, in due time, a practical remedy.

In the mean time, we respectfully solicit the views of our subscribers on the subject, and bespeak for it the attention of the medical press of the country.

ELEVENTH CAMPAIGN!

With this number we throw our banner to the breeze for another campaign. We do it with a respectable corps of officers, some of them tried men, and well known in the communities in which they reside. Our volunteer list, too, is enlarged, and numbers many of the first medical writers of our country. Our army never was larger, nor were the commanders ever in better spirits than now, or more sanguine of eminent success in their enterprise. The list, too, of our constituents—those for whose benefit all this ink is shed—was never more encouraging than at this moment. Men are enlisting under our banner from all sections of the country, and some deserters have of late atoned for their want of loyalty by re-enlisting.

We have a large field for our operations, having been compelled to annex more territory for the benefit of our own subjects, and for a courteous and becoming accommodation to representatives from foreign courts.

The Boston division will be still under the leadership of that tried officer, "*C. E. B.*," who, during the past year, has led on his column so valiantly. He is too well known to require any introduction from us.

The New York, or central division, is a noble column, led on by the veteran, "*J. Gotham, Jr.*," who is much older in the service than his name would seem to indicate. *He* needs no introduction.

The Philadelphia division has lately been taken command of by "*Wibiat*," who, though but recently installed in office, gives promise of glorious service in the future.

It is more than likely that during the year other officers may be added to the staff, and be given the command of new divisions.

We have no promises to make, but point to the past as the best

assurance we can give for the future. Although in a better position than we have ever yet been, for a creditable prosecution of our enterprise, we are free to confess that we still have to draw more largely on hope for aliment than we would like. Our journal, though now self-sustaining, has some "old scores" to wipe out before it can be as independent as it should be. A too liberal policy in past years finds us now somewhat embarrassed when we ought to be free. A *very little* effort, however, on the part of our present subscribers in paying up *their* "old scores" and sending new names, would enable us to overcome every embarrassment, remunerate us for past losses, and establish the REPORTER on permanent ground. Let our subscribers then aid themselves by aiding us, for we assure them that we shall continue to advance as rapidly as our income will warrant. Like our fellow-Tennesseean, Davy Crockett, we believe in *going ahead.*

INFLUENCE OF MARRIAGES OF CONSANGUINITY ON OFFSPRING.

We have received a circular from Dr. S. M. Bemiss, of Louisville, Ky., Committee of the American Medical Association, on the *Influence of Marriages of Consanguinity upon Offspring*, which the crowded state of our columns has prevented our noticing till now.

The points on which Dr. Bemiss wishes more especially to be informed are: 1. The degrees of consanguinity of parties (whether first, second, third, or fourth cousins; or, as in rare instances, uncle and niece). 2. The date (approximative) of marriage. 3. The number, sex, and *condition* of children born to each marriage. 4. The number of children dead, cause of death, and age, when known. 5. The constitution, temperament, and occupation of parents, with any habits or circumstances calculated either to favor or retard the normal development of offspring.

Dr. Bemiss has devoted much attention to this important subject, and good results may be expected from his researches. We hope that any of our readers who may be interested in the subject will communicate *immediately* with Dr. Bemiss, Louisville, Ky., or send their observations to us, and we will forward them.

The Western Clinical Infirmary, Philadelphia.—This Infirmary, in Catharine Street above Fifteenth, is organized with particular reference to specialties—fevers, diseases of the chest, of the digestive organs, of the skin, of the urinary organs, of the eye and ear, of the brain and nervous

system, and of females, are each allotted to a separate practitioner, while general and special surgery are in the hands of two others. This corps of ten physicians and surgeons are doing good service on the south-western frontier of Philadelphia.

The Board of Physicians consists of Dr. James L. Tyson, C. P. Turner, Joseph Klapp, J. A. Meigs, R. L. Madison, O. H. Partridge, L. Turnbull, D. D. Clark, G. R. Morehouse and J. T. K. Van Pelt. The resident physicians are Drs. Brandon and Rendon.

Drs. Madison and Turnbull use the opportunities the ample practice of the Infirmary affords for the purposes of clinical instruction.

Placenta Prævia.—We have received a circular from Dr. William Read, 713 Washington Street, Boston, Mass., who has for five years been engaged in collecting statistics of placenta prævia. He has already collected over 800 original reports from private hands and the journals, and is anxious to have a large basis upon which to found intelligent and useful deductions. We trust that such of our readers as have had such cases will report to Dr. Read. The points on which he solicits information are the following: Age—Number of the pregnancy—How long pregnant—Condition at time of delivery—Amount and duration of hemorrhage, when it commenced, &c.—State of the os uteri—Presentation of the child—Presentation of the placenta—Whether complete or partial—The mode of delivery—Disposition of the placenta—Result to the mother and child—The proportion of cases of this kind to the whole number of cases which you have attended.

☞ One of the trials of an editor's life is to "make up" a number of his work to his mind, send the "matter" to the printer, and find in the end that he has sent in eight or ten pages too much!

This is often the case with us, and was so in regard to this number, for we have been compelled to cut and slash among bristling pages of type most unmercifully, to make room for our editorial. We had prepared some ten pages of editorial, not one word of which had found a place in the proof of the last "form" as it came to us from the printers!

We say, therefore, once more to correspondents—and we will try to take heed ourselves—*be short as possible!*

☞ We learn, from a reliable source, that the class of the University of New York numbers 315.

EDITORIAL CORRESPONDENCE.

NEW YORK.

At the Dec'r Meeting of the New York Academy of Medicine,

PUERPERAL FEVER

was again the subject of discussion. Prof. A. Clark having given an expectation of a speech on this subject, a crowded house awaited his appearance, and not in vain. Prof. C. is a self-possessed and fluent speaker, possessing a quiet and unassumed grace, with a vein of genial humor, which puts his hearers entirely at their ease, and enables them to listen unwearily to the end. His well-deserved reputation as a pathologist, gives great weight to his remarks on that branch of medical science, especially in connection with the disease in question, as by it alone is the true nature of the disease (which has so long been a puzzle to the profession) to be determined. In nearly all the investigations into its character, by autopsic examination, which have been reported by various authorities, one thing has been generally unrecognized, which Dr. Clark claims to have noticed very frequently, and that is, an evident inflammatory condition of the inner lining membrane of the uterus, for which he proposes the name of *endo-metritis*. The establishment of this fact will, he thinks, fully account for the apparent non-existence of any uterine complication in many cases of puerperal fever, while at the same time, he recognizes, in many instances of the disease, the presence of pus in the sinuses of the uterus, as one of its most marked forms. With regard to the treatment of puerperal fever, Dr. Clark takes as strong ground in favor of opium, as did Dr. Barker with regard to veratrum viride. The summary of several cases was detailed, in the treatment of which, opium was the sheet anchor—administered to the extent of partial narcotism, beginning with a dose of 3 grains, and repeating with 1 grain, as frequently as may be necessary to subdue the pain, and reduce the number and force of the pulse. The use of opium in inflammations of the serous membranes, he stated, had been practised by several medical men of eminence, but its great therapeutic value, in these particular disorders, has not been generally recognized. The first *published* testimony in its favor, that was known to the speaker, is contained in a letter written by Dr. Fred. W. King, formerly of this city, but more recently of N. Jersey (Perth Amboy), which letter is appended to the essay on the life and character of Dr. Wright Post, the late eminent sur-

geon, by Dr. Valentine Mott, now President of the Academy of Medicine. Dr. Post, it seems, was a victim to a violent attack of pleuritis, and in one of his paroxysms of pain, he demanded of Dr. King, who was attending him, to give him 60 or 70 drops of laudanum. Remonstrance against such unheard-of practice was in vain, Dr. Post asserting that his experience with opium, in serous inflammation, was such as to satisfy him of its propriety, and a few hours proved the wisdom of his judgment, in the reduction of the excited pulse, the production of a free diaphoresis, the mitigation of the pain, and improvement in other respects. To Dr. Post, therefore, must be given, so far as records now determine the point, the credit of the introduction of opium in the treatment of serous inflammations.

The discussion upon this interesting subject is to be continued—and we shall endeavor to keep our readers advised of its progress. The January meeting will be principally devoted to the transaction of secular business, including the election of officers. This excellent institution, composed of nearly 300 of the best part of the profession of the metropolis of the country, is pursuing a very dignified and honorable course, and earning an increasing reputation, not only in professional circles but in the community at large.

BOSTON.

FEMALE PRACTITIONERS AND PRIVATE DISORDERS.

THE Boston papers, some of them at least, have had a drubbing from the *Boston Medical and Surgical Journal*, for publishing advertisements of dubious character. We believe the religious papers come in for the most particular fits, and that some clergymen stopped their subscriptions, rather than encourage the advertisement of Abortion Made Easy. But what will that journal say to the fashionable little *Transcript*, the Ladies' Tea-table Companion, in which is an advertisement of one of the female physicians, who "devotes herself exclusively to the medical and surgical treatment of the urinary and genital organs?" We know that the advertisement says this only; but what do the public understand by such advertisements by men? Nothing, of course, but pox and clap, and just so much, of course, they understand by this. We, by no means, intend to have it understood, that we consider these as more respectable diseases in one sex than in the other. We only wish to show that female doctors are following the course we always supposed they would. The next style of advertisement, we imagine, will be a covert style of notifying married and unmarried females where they may be relieved of lawful and unlawful burdens.

FREE CITY HOSPITAL.

The City of Boston has purchased the Lying-in Hospital for something over forty-thousand dollars, with the intention of making a free hospital. The season is so far advanced, that nothing can be done with it until the new government comes into power. How many beds it will accommodate, we do not know; some thirty, perhaps. The building is not large, but there is a considerable area about it, so that it may be enlarged to several times its present capacity.

PRIVATE HOSPITAL.

The private establishment of Drs. Borland and Homans continues to prosper. The accommodations are small, and there is reason to believe, that its supporters will procure a larger building when times get easy. The fact, that this charity has grown up within a year, ought to show to the city government the necessity of hurrying their operations. The people, in their individual capacity, should not be called upon to supply a public want. Free hospitals and dispensaries, the public purse should provide for. As long, however, as the public purse does not do its whole work, the private purse sometimes must aid it.

IMPERFORATE ANUS.

At the November meeting of the Suffolk District Medical Society, this subject was the text for lengthy remarks. It is remarkable, that certain doctrines should be held by men of high standing; such, for instance, as that it is a dangerous operation, that the bladder *may* be wounded, the iliac arteries *may* be severed, the operation is very uncertain, and the like. Is not herniotomy sometimes dangerous? May not the lung be wounded in paracentesis? May not the iliac artery be severed in some other operation? And what is the certainty in operating for subclavian aneurism? What capital operation is not attended with danger? Allowing that seventy-five per cent. of all the operations for imperforate anus and rectum fail, what then? Will not ninety-five per cent., or ninety-nine per cent. of the children die without the operation? Allowing, that if the patient survives, and at the age of eighteen years soils his shirt, is that a sufficient reason for cutting short those eighteen years? Has the surgeon any moral right to decide that the operation should not be done, because the patient, if he survives, may not be grateful for it? On the other hand, has he any moral right to expose him to the certain pain of peritonitis? or to the certain suffering and death from any cause, which *he may* remove, because an artificial anus is not a pleasant anus? If so, he may very well strangle the child before his sufferings begin.